

**RESIDENTIAL FL ENERGY CODE REQUEST FORM**

BUILDER/CONTACT: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 HOMEOWNER: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_



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 32433

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DETAILED BLUEPRINTS AND SPECIFICATIONS  
**MUST** ACCOMPANY THIS REQUEST, TO INCLUDE  
 SCALED BLUE PRINTS, WINDOW/DOOR  
 SCHEDULE AND HEIGHTS OF ALL TRAY/  
 CATHEDRAL CEILINGS

AFTER **ALL** INFORMATION HAS BEEN RECEIVED  
 PLEASE ALLOW 7-10 WORKING DAYS FOR  
 COMPLETION OF CODE FORM CALCULATION

**THIS FORM MUST BE COMPLETED BEFORE AN ENERGY CODE  
 CALCULATION WILL BE PERFORMED BY SOUTHLAND**

<b>LOCATION</b>	Lot: _____ Block: _____ Subdivision: _____ City: _____ County: _____ Zip: _____
	Is this an exact duplicate of a house plan Southland has ran a calculation on before? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Lot: _____ Block: _____ Subdivision: _____ Project #: _____
	Front faces direction: N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW <input type="checkbox"/>
	<b>Total Heated and Cooled Square Footage:</b> _____
	New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Or Remodel/Renovation <input type="checkbox"/>
<b>FLOOR</b>	Sq. Ft by Floor: 1st: _____ 2nd: _____ 3rd: _____ 4th/tower: _____ Ceiling Height: _____
	Slab <input type="checkbox"/> Raised Floor <input type="checkbox"/> Or Crawl-Space <input type="checkbox"/> R-Value: _____ Insulation Between Floors Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam <input type="checkbox"/> Or Other: _____ R-Value: _____
	<b>ATTIC INSULATION</b> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam <input type="checkbox"/> Or Other: _____ R-Value: _____
<b>ROOF</b>	Color: _____ Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Or Other: _____ Roof Pitch: _____ Attic Radiant Barrier Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	<b>WALL INSULATION</b> R11 <input type="checkbox"/> R13 <input type="checkbox"/> R15 <input type="checkbox"/> R19 <input type="checkbox"/> Or Other: _____ 2X4 <input type="checkbox"/> 2X6 <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> Foam <input type="checkbox"/> Or Other: _____ Wall Sheathing R-Value: _____ Type: _____
<b>EXTERIOR WALL TYPE</b>	Brick <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other: _____
<b>WINDOWS</b>	Double pane <input type="checkbox"/> Single pane <input type="checkbox"/> Storm <input type="checkbox"/> Impact <input type="checkbox"/> Low E <input type="checkbox"/> Tint <input type="checkbox"/> U-Value: _____ SHGC: _____ Frame: Vinyl <input type="checkbox"/> TIM <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/>
	<b>DOORS</b> Wood <input type="checkbox"/> Insulated <input type="checkbox"/>
<b>ATTIC VENTILATION</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Ridge <input type="checkbox"/> Soffit <input type="checkbox"/> Mechanical Ventilation/Power Fan <input type="checkbox"/> CFM (if fan) _____
<b>WATER HEATER(S)</b>	# of units: _____ Efficiency rating(s): _____ # of gallons: _____ Electric <input type="checkbox"/> Propane <input type="checkbox"/> Heat Pump <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tankless <input type="checkbox"/> Heat Recovery Unit Yes: <input type="checkbox"/> No: <input type="checkbox"/> Location: Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Garage <input type="checkbox"/>
	<b>HVAC</b> # of units: _____ Furnace: Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Heat Pump <input type="checkbox"/> AFUE: _____ Air to Air Heat Pump <input type="checkbox"/> Geothermal <input type="checkbox"/> Mini Splits <input type="checkbox"/> Dual Fuel <input type="checkbox"/> SEER: _____
	<b>AIR HANDLER</b> Location: Interior <input type="checkbox"/> Attic <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors <input type="checkbox"/>
<b>DUCT SYSTEM</b>	Supply Location: Conditioned <input type="checkbox"/> Unconditioned <input type="checkbox"/> Return Location: Conditioned <input type="checkbox"/> Unconditioned <input type="checkbox"/> Programmable Thermostat Yes: <input type="checkbox"/> No: <input type="checkbox"/>