

# CITY OF PORT ST. LUCIE BUILDING DEPARTMENT

**BLOWER DOOR AFFIDAVIT**

<b>ENVELOPE LEAKAGE TEST REPORT (Blower Door Test)</b>				
R402.4.1.2 Compliance				
PERMIT #:				
PROPERTY ADDRESS:				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER	MAIL ADDRESS		ZIP	PHONE CELL
CONTRACTOR	MAIL ADDRESS		ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	CELL

<b>Air Leakage Test Results</b> <i>Passing results must be 7 ACH(50) or less</i>	
$\frac{\text{_____} \times 60}{\text{CFM}(50)} \div \frac{\text{_____}}{\text{Building Volume}} = \frac{\text{_____}}{\text{ACH}(50)}$	<b>Method for calculating building volume:</b> <input type="checkbox"/> Retrieved from architectural plans <input type="checkbox"/> Code software calculated <input type="checkbox"/> Field measured and calculated
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by Building Department	

**Certification of Test Results**

**R402.4.1.2 Testing.** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g.(50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.15(3)(f), (g), or (i) or an *approved* third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

Mechanical Installer: _____ License # _____	
Test Conducted By: _____ Please initial below:	
_____ I am not an employee of the mechanical installer and have no vested interest with said installer _____ I hereby certify that the above House Infiltration and Duct Sealing results demonstrate compliance with the 5 <sup>th</sup> Edition FBC Energy Conservation requirements in accordance with Section R402.4.1.2 Climate Zone 2 & Section R403.2.2	
_____ Signature	Date: _____
_____ Print Name	License/Certification # _____ <span style="background-color: yellow; font-size: small;">(Must attached copy with this form)</span>
Email Address: _____	

Form created 08/152017 tjv

Form must be submitted prior to Final Inspection. Submit to Inspections Division – [inspections@cityofpsl.com](mailto:inspections@cityofpsl.com)