

CITY OF PORT ST. LUCIE BUILDING DEPARTMENT

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

DUCT LEAK TEST

New Construction: Existing Building with New Addition:

Test Conditions:

Date: _____ Floor Area (ft²): _____
 Time: _____ Primary Location of Supply Ductwork: _____
 Indoor Temperature (F): _____ Primary Location of Return Ductwork: _____
 Outdoor Temperature (F): _____

Total Leakage Test (Outside) Duct Leakage: Default Prop. Leak Free Proposed Qn+

Test Pressure: _____ (Pa)
 Baseline Duct Pressure (optional): _____ (Pa)

Duct Press (Pa)	Flow Ring Installed:	Fan Press (Pa)	Flow (cfm)	Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Total Leakage (cfm): _____ Total Leakage per 100 sq. ft: _____ CFM25x100 divided by the CFA = Duct Leakage CFM/100 sq. ft.	

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 5th Edition FBC Energy Conservation requirements in accordance with Section R402.4.1.2 Climate Zone 2 & Section R403.2.2

_____ Date: _____
 _____ Signature License/Certification # _____
 _____ Print Name (Must attached copy with this form)

Email Address: _____

Form created 08/14/2017 tjt

Form must be submitted prior to Final Inspection. Submit to Inspections Division – inspections@cityofpsl.com