



Blower Door Test Form

For Prescriptive and Performance Method

| | | | |
|-------------------|-------|----------------|------------------|
| Project Name: | _____ | Builder Name: | _____ |
| Street: | _____ | Permit Office: | City of Clermont |
| City, State, Zip: | _____ | Permit Number: | _____ |
| Design Location: | _____ | Jurisdiction | 451200 |
| Cond. Floor Area: | _____ | Cond. Volume | _____ |

Air Infiltration Test Results

ACH (50) = CFM (50) X 60 / VOLUME = _____

PASS (Mechanical Ventilation *not* Required)

PASS (With Mechanical Ventilation)

FAIL

Certification of Test Results

Please mark type of certification entity

Energy auditor or energy Rater as defined in Florida Statutes 553.993. Copy of Certificate must be attached to this form.

Class A air-conditioning contractor, Class B, air conditioning contractor, or Mechanical Contractor.

Professional Engineer or Architect licensed by Florida Statutes Section 471 or 481.

I hereby certify that the above Air Infiltration Test results demonstrate compliance with Florida Energy Code requirements in accordance with the Florida Building Code – Energy Conservation.

Signature: _____ Date: _____

Printed Name: _____ License / Certification # _____

Company: _____

NOTE: Completed Form to be submitted at Final Building Inspection