



**City of Port St. Lucie Building Department**  
 121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984  
 Ph: 772-871-5132 Website: [www.CityofPSL.com/Building](http://www.CityofPSL.com/Building)

# Blower Door Affidavit

## ENVELOPE LEAKAGE TEST REPORT (Blower Door Test)

FBC Energy R402.4.1.2 Compliance

PERMIT #:

PROPERTY ADDRESS:

### Air Leakage Test Results *Passing results must be 7 ACH(50) or less*

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \text{ACH}(50) = \text{ACH}(50)$$

Pass       Fail

#### Method for calculating building volume:

- Retrieved from architectural plans
- Code software calculated
- Field measured and calculated

When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by the 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 the creation of all penetrations of the *building's thermal envelope*.

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 8<sup>th</sup> Edition FBC Energy Conservation requirements in accordance with Section R402.4.1.2 Climate Zone 2 & Section R403.3.2

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

License/Certification # \_\_\_\_\_  
**Must attached copy with this form)**

Email Address: \_\_\_\_\_

Form created 08/15/2017 tjt (updated 04/06/22 BG)

Form must be submitted prior to Final Inspection. UPLOAD FORM TO : <https://pandapublicweb.cityofpsl.com/BldgDocumentUploads.aspx>