



CITY OF PANAMA CITY BEACH

Building and Planning Department

BLOWER DOOR TEST RESULTS FORM

Date: _____

Master Permit #: _____

JOB ADDRESS: _____

Zip Code: _____

Unit #: _____

AIR INFILTRATION TEST RESULTS

CFM(50) = _____

Volume = _____

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

Pass

Fail

Are there attachments to this form? Yes No

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, and 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), Florida Statutes or individuals licensed as set forth in Section 489.105(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*.

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 R402.4.1.2 5th Edition (2014).

Signature: _____

Printed Name: _____

Date: _____

Company: _____

Lic./Cert. #: _____

X

Signature of Applicant by (Print Name) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

Notary
Name/Seal _____

this _____ day of _____ 20 _____, Personally known or I.D. _____

FOR OFFICE USE ONLY

Approved By: _____

Date: _____

(Building Official Signature)