



# **\*NOTICE\***

## **CODE CHANGES FOR RESIDENTIAL CONSTRUCTION**

**Florida Energy Conservation Building Code R101.4 States:**

**“Effective July 1<sup>st</sup> 2017; New Construction on residential buildings or dwelling units shall have mandatory Blower Door Testing”**

**Individuals who can conduct the test include:**

- 1. Individuals defined under FS 553.993 (5) or (7)**
  - **Energy Rater or Residential Field Inspector currently certified through RESNET**
  - **Energy Auditor, Infiltration and Duct Leakage Technician or Building Analyst currently certified through BUILDING PERFORMANCE INSTITUTE**
- 2. Individuals licensed under FS 489.105(3) (f), (g) or (i);**
  - **Class A Air Conditioning Contractor**
  - **Class B Air Conditioning Contractor**
  - **Mechanical Contractor**
- 3. Individuals approved by the Building Official after providing proof of qualifications;**

**Blower Door Testing shall be performed by a qualified individual. The report of results shall be signed by a qualified individual and submitted to the building department prior to issuance of Certificate of Occupancy.**

**To be an approved technician in Panama City Beach, you must first register with the Building Department, showing proof of licensure and/or certification as shown above and proof of Business Tax Receipt for the agency.**

**There is no fee for registration.**



# CITY OF PANAMA CITY BEACH

Building and Planning Department

## BLOWER DOOR TECHNICIAN REGISTRATION FORM

Technician's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Certificate Information: \_\_\_\_\_

(PLEASE PRINT ALL INFORMATION ON TECHNICIAN ONLY)

I certify the above information is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\*\*\*\*\*

### Requirements for Blower Door Technician Registration

- \* Copy of Certificate
- \* Copy of Occupational License
- \* Copy of Driver's License

FOR OFFICE USE ONLY	
Approved By: _____ (Building Official Signature)	Date: _____