



Permit #:

Blower Door Test Form

Job Information

Builder: Evanston Contracting

Community: _____ Lot #: _____

Address: 1595 SW Bishop Ave Unit #: _____City, State, Zip: Lake City, FL 32024

Air Infiltration Test Results

CFM(50) = 238 Volume = 9600ACH(50) = CFM(50) X 60 / Volume = 1.49☒ Pass☐ Fail **Passing results must be 7 ACH(50) or less**

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 489.105(3)(f), (g), or (h) 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*.

Authorized Third Party

I hereby certify the above results and that I hold the below certification:

____ Class A or B A/C contractor or Mechanical contractor License No. _____

☒ RESNET approved HERS Rater or Residential Field Inspector Certification No. 4579280

____ BPI approved Building Analyst, Energy Auditor, & IDL Certification No. _____

____ Professional Engineer License No. _____

Mechanical ventilation has been added: Yes _____ No _____

Signature: David AtkinsonPrinted Name: David Atkinson Date: 11/08/2024