



# CITY OF PANAMA CITY BEACH

Building and Planning Department

## BLOWER DOOR TEST RESULTS FORM

### Property Information

Master Permit #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Owner Name: \_\_\_\_\_

### Air Leakage Test Results

FBC Energy R402.4.1.2 Compliance

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

Pass

Fail

When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by Building Department.

#### Method for calculating building volume:

Retrieved from architectural plans

Code software calculated

Field measured and calculated

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

### 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 in accordance with ANSI/RESNET/ICC 380 and reported 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 (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.

### Testing Company

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Printed Name of Tester: \_\_\_\_\_ License/Certification#: \_\_\_\_\_

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 7th Edition (2020) R402.4.1.2.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Tester Signature)