Blower Door Test Form
For Prescriptive and Performance Method

Date: ___________ Building Permit#: ______________________

Job Description: ______________________________________________________________

Builder: ___________________________________________ Lot #: ___________________

Address: ______________________________________________________________________

City: _________________ State: _________________ Zip: _________________

Email: ____________________________________________________

Phone: ______________________________

____________________________________________________________________________

Air Filtration Test Results

Ach (50) = CFM(5) x 60 / Volume = _______________________

☐ Pass with Mechanical Ventilation
☐ Pass without Mechanical Ventilation
☐ Fail

Passing results must be 7 ACH(5) or less. If less than 3 ACH, mechanical ventilation is required.
Certification Test Results

Please mark type or certification entity:

☐ Energy Auditor or Energy Rater as defined in Florida Statutes Section 553.993. Copy of Certificate must be attached to this form.
☐ Class A air-conditioning contractor, Class B air-conditioning contractor or Mechanical Contractor.
☐ Professional Architect or Engineer is licensed by Florida Statutes Section 471 and 481

Signature: _______________________________________ Date: ________________________
Printed Name: _______________________________________
Company: __________________________________________
License or Certification#: ______________________________

This form needs to be presented at the final inspection.

“ALL DOCUMENTS MUST BE SUBMITTED LEGIBLE. FACSIMILE DOCUMENTS MUST HAVE AN ADDRESS OR PERMIT NUMBER ON ALL PAGES WHEN FAXED”

Note: Should you have questions or require any additional information, please contact the Development Services; Building at (386) 775-5423. Additional documents maybe required upon request by the Development Services.