



ORANGE CITY

The Heart of Southwest Volusia

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) = $CFM(5) \times 60 / \text{Volume} =$ _____

- 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 sign, seal, and date here

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.