



Community Development Department

18400 Murdock Circle, Port Charlotte, FL 33948
Building Phone: 941.743.1201 | Building Fax: 941.764.4907
Zoning Phone: 941.743.1964 | Zoning Fax: 941.743.1598
BlowerDoorReports@CharlotteCountyFL.gov
www.CharlotteCountyFL.gov

For Office Use Only

Permit Number

20 _____

Application Date

CSR Initials _____

ENVELOPE LEAKAGE TEST REPORT (Blower Door Test) Florida Building Code 7th Edition (2020)

CONTRACTOR'S NAME: _____ PERMIT NUMBER: _____

PROJECT ADDRESS: _____
Number & Street City, State, & Zipcode

Air Leakage Test Results *Passing results must meet either the Performance, Prescriptive, or ERI Method*

Prescriptive Method - The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inc w.g. (50 Pascals) in Climate Zones 1 and 2.

Performance or ERI Method - The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on Form R405-2020 (Performance) or R406-2020 (ERI), section labeled as infiltration, sub-section ACH(50).

ACH(50) specified on Form R405-2020 Enerfy Calc (Performance) or R406-2020 (ERI): _____

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

PASS

Method of calculating building volume:

Retrieved from architectural plans

Code Software calculated

Field measured and calculated

When ACH (50) is less than 3, mechanical installation must be verified by building department.

R 402.4.1.2. Testing. Testing shall be conducted in accordance with ANSI/RESTNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7). Florida Statutes, 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.

During testing:

1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures.
2. Dampers including exhaust, intake, makeup air, backdraft and the flue dampers shall be closed, but not sealed beyond intended infiltration control measures.
3. Interior doors, in installed at the time of the test, shall be open.
4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed.
5. Heating and cooling systems, if installed at the time of the test, shall be turned off.
6. Supply and return registers, if installed at the time of the test, shall be fully open.

Testing Company:

Company Name: _____ Phone Number: _____

Email: _____

Address: _____
Number & Street City, State, & Zipcode

I hereby verify that the above Air Leakage results are in accordance with the 2020 7th Edition Florida Building Code, Energy Conservation requirements according to the compliance method selected above.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification Number: _____ Issuing Authority: _____