



COMMUNITY DEVELOPMENT
Building Services Division

DEPARTMENT OF BUILDING INSPECTION

Building Envelope Leakage Affidavit (Blower Door - New Construction)

Permit #: _____ Address or lot number: _____

City: _____ Zip: _____ Tax Map: _____

Contractor: _____ Owner _____

Building & Test Conditions

Date and Time: _____

Indoor Temperature (F): _____

Outdoor Temperature (F): _____

Volume (ft³) of Area Within Thermal Envelope: _____ Measured CFM: _____

ACH50 – Air changes per hour at 50 Pascal

Q50 - Airflow at 50 Pascal (CFM)

Vb – Building volume (ft³)

Q50 X 60 ÷ Vb = _____ ACH Pass FAIL

Maximum of 5 air changes per hour at 50 Pascal (ACH50)

Testing shall be conducted in accordance with RESNET/ICC 380, ASTM E779, or ASTM E1827

I hereby certify that the information provided is accurate and complies with Section N1102.4.1.2 (R402.4.1.2) of the 2021 Virginia Residential Code.

Company Name: _____ Technician: _____

Technician Signature: _____ DPOR License #: _____

Date: _____ Phone Number: _____ E-Mail: _____