



Nassau County Building Department
96161 Nassau Place
Yulee, Florida 32097

Bulletin G-04-17

MEMORANDUM

Date: April 28, 2017
TO: Permit Applicants
FROM: Michael Griffin, CBO, CFM, Building Official
SUBJECT: Blower Door Testing and Mechanical Ventilation (**required for permits submitted after July 1, 2017**)

House Bill 535 delayed implementation of the blower door testing requirements of the Florida Building Code- Residential. This Bulletin addresses the final inspection requirements which will be uniformly enforced consistently among the North Florida building jurisdictions using the same Blower Door Test Form starting with permits submitted on or after July 1, 2017.

The blower door test form must be submitted for all residential dwelling units' three stories or less which includes single family dwellings, town houses, duplexes and **each** condominium and apartment units. The Florida Building Code 5th Edition requires mechanical ventilation if the blower door test has a result of less than THREE (3) air changes per hour (ACH), the Energy Code requires that the ACH be SEVEN or less. **If the ACH is less than THREE you will need to submit plans for approval showing how mechanical ventilation will be obtained to raise the ACH to more than THREE, a retest will be required.**

The Blower Door Test Form (attached) must be provided to the Inspector at the Final Building Inspection. Please do not fax, email or regular mail this form to our office.

The code requires the tester to be an approved THIRD party. All North Florida Building Departments agree that only those persons listed on the Blower Door Test Form that have a current license or certification number will be allowed to perform the test. Others may be allowed at a later date as approved by the State of Florida. The following are authorized third party testers:

- Class A or B A/C contractor or Mechanical Contractor
- RESNET approved HERS Rater or Residential Field Inspector
- API approved Building Analyst or Energy Auditor
- Professional Engineer

If you have any questions, please let me know

FERNANDINA
(904) 530-6250

TOLL FREE
1-800-948-3364

FAX
(904) 321-5763



Permit #:

Blower Door Test Form For Prescriptive and Performance Method

Job Information
Builder: _____
Community: _____ Lot #: _____
Address: _____ Unit #: _____
City, State, Zip: _____
Air Infiltration Test Results
CFM(50) = _____ Volume = _____
ACH(50) = CFM(50) X 60 / Volume = _____
<input type="checkbox"/> Pass <input type="checkbox"/> Fail Passing results must be 7 ACH(50) or less
Certification of Test Results
<p>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, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door 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 (h) or an <i>approved</i> third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the <i>code official</i>. Testing shall be performed at any time after creation of all penetrations of the <i>building thermal envelope</i>.</p>
Authorized Third Party
I hereby certify the above results and that I hold the below certification:
____ Class A or B A/C contractor or Mechanical contractor License No. _____
____ RESNET approved HERS Rater or Residential Field Inspector Certification No. _____
____ BPI approved Building Analyst or Energy Auditor Certification No. _____
____ Professional Engineer License No. _____
Signature: _____
Printed Name: _____ Date: _____