

City of Charlottesville

Building Envelope Leakage (Blower Door) Testing Form

Site Information

Permit #: _____
Contractor: _____
Project Address: _____

Phone: _____
Email: _____

Tester Information

Name: _____
Address: _____

Phone: _____
Email: _____
Certification-License Number: _____

Building & Test Conditions

Date: _____ Time: _____
Indoor Temperature (F): _____ Outdoor Temperature (F): _____
Building floor area (square footage) _____
Building Volume (cubic feet): _____

Test #1 Depress _____ or Press _____				Test #2 Depress _____ or Press _____			
Pre-test Baseline Pressure: _____ (Pa)				Pre-test Baseline Pressure: _____ (Pa)			
Bldg. Press: (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)	Bldg. Press: (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)
Post-test Baseline Pressure _____ (Pa)				Post-test Baseline Pressure _____ (Pa)			
Fan Model/SN: _____				Fan Model/SN: _____			
Results:				Results:			
CFM50: _____				CFM50: _____			
Volume: _____				Volume: _____			
ACH50: _____				ACH50: _____			

I hereby certify that the information provided is accurate and complies with Section N1102.4.1 and N1102.4.1.3 of the 2021 Virginia Residential Code.

Signature of Tester: _____ Date: ____/____/____

This form must be turned in before the C.O. being issued.

Upload this form to permits@charlottesville.gov

P.O. Box 911 610 East Market Street Charlottesville, VA 22902 www.charlottesville.gov/nds