

# CITY OF PORT ST. LUCIE BUILDING DEPARTMENT



<b>PERMIT #:</b> _____				
PROPERTY ADDRESS: _____				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER	MAIL ADDRESS		ZIP	PHONE CELL
CONTRACTOR	MAIL ADDRESS		ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	CELL

**DUCT LEAK TEST**

New Construction:  Existing Building with New Addition:

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**Test Conditions:**

Date: \_\_\_\_\_ Floor Area (ft2): \_\_\_\_\_  
 Time: \_\_\_\_\_ Primary Location of Supply Ductwork: \_\_\_\_\_  
 Indoor Temperature (F): \_\_\_\_\_ Primary Location of Return Ductwork: \_\_\_\_\_  
 Outdoor Temperature (F): \_\_\_\_\_

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**Total Leakage Test (Outside)**      Duct Leakage:     Default       Prop. Leak Free       Proposed Qn+

Test Pressure: \_\_\_\_\_ (Pa)  
 Baseline Duct Pressure (optional): \_\_\_\_\_ (Pa)

Duct Press (Pa)	Flow Ring Installed:	Fan Press (Pa)	Flow (cfm)	<b>Results:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail Total Leakage (cfm): _____ Total Leakage per 100 sq. ft: _____ CFM25x100 divided by the CFA = Duct Leakage CFM/100 sq. ft.	

Mechanical Installer: \_\_\_\_\_ License # \_\_\_\_\_

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**Test Conducted By:** \_\_\_\_\_  
 Please initial below:

\_\_\_\_\_ I am not an employee of the mechanical installer and have no vested interest with said installer  
 \_\_\_\_\_ I hereby certify that the above House Infiltration and Duct Sealing results demonstrate compliance with the 6<sup>th</sup> Edition FBC Energy Conservation requirements in accordance with Section R402.4.1.2 Climate Zone 2 & Section R403.3.3

\_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_ License/Certification # \_\_\_\_\_  
 \_\_\_\_\_ Print Name \_\_\_\_\_ (Must attached copy with this form)

Email Address: \_\_\_\_\_

Form created 08/14/2017 tlv updated 01-08-18 YP

Form must be submitted prior to Final Inspection. Submit to Inspections Division – [inspections@cityofpsl.com](mailto:inspections@cityofpsl.com)