

Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

RESIDENTIAL DUCT & ENVELOPE TESTING (DET) FORM

House Address: _____ Permit #: _____ Date: _____

Permit holder: _____ Phone: _____

I Building Envelope Air Leakage (mandatory):

Blower door test (Mandatory)

Test Result:

Fan Flow at 50 Pascals = _____ CFM50 Total Conditioned Volume = _____ ft³

ACH50 = CFM50 x 60 / Volume = _____ ACH50*

Testing company: _____ Phone: _____

Tester Name (print): _____ Signature: _____ Date: _____

BPI or HERS certification number: BPI no: _____ HERS Rater no: _____ HERS RFI no: _____

*For Simulated Performance Alternative and Energy Rating Index Paths, value must match IECC Energy Cost Report or Final ERI Report

II Heating and Cooling System Duct Leakage

☐ I certify that all portions of the ducts are located entirely within the building thermal envelope. Testing is not required.

Owner or approved third party signature: _____ Date: _____

Total duct leakage test

Energy code compliance path: ☐ Prescriptive (including REScheck) ☐ Performance or Energy Rating Index

Type of test performed: ☐ Rough-in with air handler ☐ Rough-in without air handler ☐ Post construction

Test Result System 1:

Fan Flow at 25 Pascals (CFM25) _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft²

CFM25 / CFA x 100 = _____ CFM/100 ft²

Test Result System 2 (if present):

Fan Flow at 25 Pascals (CFM25) _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft²

CFM25 / CFA x 100 = _____ CFM/100 ft²

Testing company: _____ Phone: _____

Tester Name (print): _____ Signature: _____ Date: _____