



DUCT LEAKAGE AFFIDAVIT

This completed form is required for all New 1 & 2 Family Dwelling, Townhouses and all mechanical projects that include installing and or replacing duct systems for the same type of dwellings.

Permit#: _____

Site Address: _____

Conditioned Floor Area (sq. ft.) _____ Source(choose one) Plans Measured

Duct tightness test is not required if the air handler and all ducts are located within conditioned space.

Maximum duct leakage:

Post construction, total duct leakage (floor area _____ sq.ft x .12) = _____ CFM @ 25Pa

Post construction, leakage to outside (floor area _____ sq.ft x .08) = _____ CFM @ 25Pa

Rough-in total, total duct leakage with air handler installed (floor area x .06) = _____ CFM @ 25Pa

TEST RESULTS: _____ CFM @ 25Pa PASS FAIL

I certify that these duct leakage rates are accurate and determined using standard duct testing protocols.

Company Name: _____ Technician: _____

(Print Name)

Technician Signature: _____ Date: _____

Phone #: _____

This form shall be on site for final inspection.