



ST. JOHNS COUNTY BUILDING SERVICES DIVISION

Building Department
4040 Lewis Speedway
St. Augustine, Florida 32084

TO: All Permit Applicants

FROM: Howard White, Chief Building Official

**SUBJECT: Blower Door Testing and Mechanical Ventilation
(Required for permits submitted July 1, 2017 and after)**

House Bill 535 delayed and modified the blower door testing requirements in the Florida Building Code – Residential. This Bulletin addresses the requirements that will be effective for all permits submitted on or after July 1, 2017.

The Sixth Edition of the Florida Building Code (FBC) requires blower door testing for all residential dwelling units. This would include single family houses, town houses, duplexes, and **each** condominium and apartment unit where the building is three stories or less. The attached **BLOWER DOOR TEST FORM** must be completed to show compliance. The completed (passed) form should be attached to the dwelling wall adjacent to the electric panel for the building inspector to review, **at the building FINAL inspection.**

The FBC requires that the air changes per hour (ACH), be less than seven (7). However, if the ACH is less than three (3) you will need to provide some form of mechanical ventilation. If you need to provide mechanical ventilation you will need to have plans submitted and approved showing how you will achieve the ventilation. This installation must be confirmed by the approved third party performing the blower door test.

Plan Review

All plans submitted on or after July 1, 2017 for residential dwelling units noted above will be required to show the volume of the dwelling unit. This is the thermal envelope volume, and would not include any unconditioned space.

If your ACH is below three (3), how you will be achieving mechanical ventilation must now be shown on one of the drawings. Please provide a clear, distinctive note so the plan reviewer doesn't have to hunt or guess at your intent, and possibly reject your submittal. It is not our intent to scrutinize your design, just to ensure you are providing mechanical ventilation.

Who can perform the blower door test

The code requires the tester to be an **approved third party**. For St. Johns County, the approved parties are those as listed on the Blower Door Test Form. That is the person that **must** perform the test and sign the form, not that person's authorized agent.

Summary of what is required as of July 1, 2017

1. Plans submitted must include volume of dwelling unit
2. Passed Blower Door Test Form on wall adjacent to electric panel at Building Final
3. Mechanical ventilation design shown on plans if under three (3) ACH



PERMIT # _____

BLOWER DOOR TEST FORM

Job Information

 Builder: _____
 Community: _____ Lot #: _____
 Address: _____ Unit #: _____
 City, State, Zip: _____

Air Infiltration Test Results

CFM(50) = _____ Volume = _____

ACH(50) = CFM(50) x 60 / Volume = _____

Pass

Fail

Passing results must be 7 ACH(50) or less

Certification of Test Results

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 489.103(3)(f), (g) or (i) or an *approved* third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

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, Energy Auditor & IDL	Certification No. _____
_____ Professional Engineer	License No. _____

Mechanical ventilation has been added: Yes _____ No _____

Signature: _____

Printed Name: _____