



Duct Leakage Affidavit

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

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: _____
(Printed)

Technician Signature: _____ Date: _____

Phone #: _____

THIS FORM SHALL BE ON SUBMITTED TO CITY HALL 24 HOURS PRIOR