

Office of Building  
Official



Building Inspections

DEPARTMENT OF INSPECTIONS  
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## Building Envelope Leakage (Blower Door) Testing Form

### Site Info

911 Address	
Tax Map Number	
Permit Number	
Contractor	
Owner	

### Tester's Info

Name	
Phone Number	
Email	
Profession	
Certification-License Number	

### Building & Test Conditions

Date & Time	
Indoor Temperature (F)	
Outdoor Temperature (F)	
Building Floor Area (square feet)	
Building Volume (cubic feet)	

Type of Testing:

- Depressurization of Building       Pressurization of Building

### Test Results

CFM50	
Building Volume (cubic feet)	

### Testing Certification

I hereby certify that the information provided is accurate and complies with Section N1102.4.1.2 (R402.4.1.2) of the 2018 Virginia Residential Code.

Signature of Tester: \_\_\_\_\_

Date: \_\_\_\_\_

Testing shall be conducted in accordance with RESNET/ICC 380, ASTM E779, or ASTM E1827