DPS | Montgomery County Department of Permitting Services
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240)777-0311
Fax: (240)777-6262
http://www.montgomerycountymd.gov/permittingservices

Residential Inspection/Report Certification

The Department of Permitting Services will accept this report in lieu of inspecting the work noted below. This inspection must be certified by a contractor possessing a State of Maryland Master Heating, Ventilation, Air Conditioning and Refrigeration (HVACR) license, or a professional engineer licensed Maryland, or the permit holder.

Section 403.3.3 of the International Energy Conservation Code, 2015 edition, requires that all ducts, filter boxes and building cavities used as ducts be tested for tightness. Duct tightness test is not required if the air handler and all ducts are located within conditioned space.

Test Results

1. Post-construction test

☐ Total Leakage _____cfm per 100 ft^2 (9.29 m^2) of conditioned floor area, _____ft^2, when tested at a pressure differential of 0.1 inch w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. All register boots shall be taped or otherwise sealed during the test. The total leakage shall be less than or equal to 4 cfm (113.3 L/min) per 100 ft^2 (9.29 m^2) of conditioned area.

2. Rough-in test

☐ Total leakage _____ cfm per 100 ft^2 (9.29m^2) of conditioned floor area,_____ft^2 when tested at a pressure differential of 0.1 inch w.g. (25 Pa) across the roughed in system, including the manufacturer's air handler enclosure. The total leakage shall be less than or equal to 4 cfm (113.3 L/min) per 100 ft^2 (9.29 m^2) of conditioned area. All register boots shall be taped or otherwise sealed during the test. If the air handler is not installed at the time of the test, total leakage shall be less than or equal to 3 cfm (85 L/s) per 100 ft^2 (9.29 m^2) of conditioned floor area.

Building framing cavities shall not be used as ducts or plenums.

CERTIFICATION OF TEST RESULTS

I certify this report is true and that the equipment has been tested in compliance with IECC as appropriate. This certification represents the completion of this phase of construction.

Mechanical permit number: _____ Date tested: _____

☐ MD HVACR master license number: _____
☐ MD Professional Engineer license number: _____
☐ Permit holder

_____
Name (print) of authorized individual

Signature _____ Seal (PE only)

PROVIDE an ORIGINAL COPY to the INSPECTOR at the JOB SITE.
SUPPLEMENTAL TESTING REPORTS and INSPECTION RECORDS SHALL BE ATTACHED to this REPORT.