

PS | 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	
Post-construction test	
pressure differential of 0.1 inch w.g. (25 Pa) across	m²) of conditioned floor area,ft², when tested at a sthe entire system, including the manufacturer's air handler rwise sealed during the test. The total leakage shall be less 29 m²) of conditioned area.
2. Rough-in test	
pressure differential of 0.1 inch w.g. (25 Pa) across handler enclosure. The total leakage shall be less conditioned area. All register boots shall be taped	of conditioned floor area,ft² when tested at a set the roughed in system, including the manufacturer's air than or equal to 4 cfm (113.3 L/min) per 100 ft² (9.29 m²) of or otherwise sealed during the test. If the air handler is not one less than or equal to 3 cfm (85 L/s) per 100 ft² (9.29 m²) of
Building framing cavities shall not be used as ducts	s or plenums.
CERTIFICATION OF TEST RESULTS	
I certify this report is true and that the equipment h certification represents the completion of this phas	as been tested in compliance with IECC as appropriate. This e 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.