



RESIDENTIAL HVAC CERTIFICATION FORM

This form is required to be onsite for all mechanical inspections. Separate forms needed for each system.

Property address: _____

Building permit: _____

System # _____ Area Square foot: _____

HEATING EQUIPMENT DATA

Equipment type: _____

Furnace, heat pump, boiler, etc.

Manufacturer: _____

Model: _____

Input Btu/h: _____

Output Btu/h: _____

COOLING EQUIPMENT DATA

Equipment type: _____

air conditioner, heat pump, etc.

Manufacturer: _____

Model: _____

Total Capacity @ evaporator Btu/h: _____

Sensible Capacity (equipment) Btu/h: _____

Tonnage: _____

Fresh Air/Make-Up Air

Indicate what type of fresh air or make-up air is proposed: _____

HVAC DUCT LAYOUT DIAGRAM

(In the space below, provide a floor plan diagram of the duct system including trunk, branch, and outlet sizes)

I hereby certify as the system designer that the above information is accurate and in conformance with ACCA's Manual J, Manual S, Manual D, the ASHRAE Handbook of Fundamentals or other approved methods. I understand that additional information may be requested by the county to determine code compliance.

Printed name: _____ Date: _____

Company Name: _____ License number: _____

Telephone Number: _____ Email address: _____

Signature: _____

INSTRUCTIONS FOR THE HVAC CERTIFICATION FORM

Follow the instructions below to complete the certification form. Per the Virginia Residential Code, equipment sizing shall be in accordance with ACCA Manual S based on building loads calculated in accordance with ACCA Manual J or other approved methodologies. It is the applicant's responsibility to conduct a load calculation in accordance with ACCA Manual J for all HVAC installations.

Heating Equipment Data

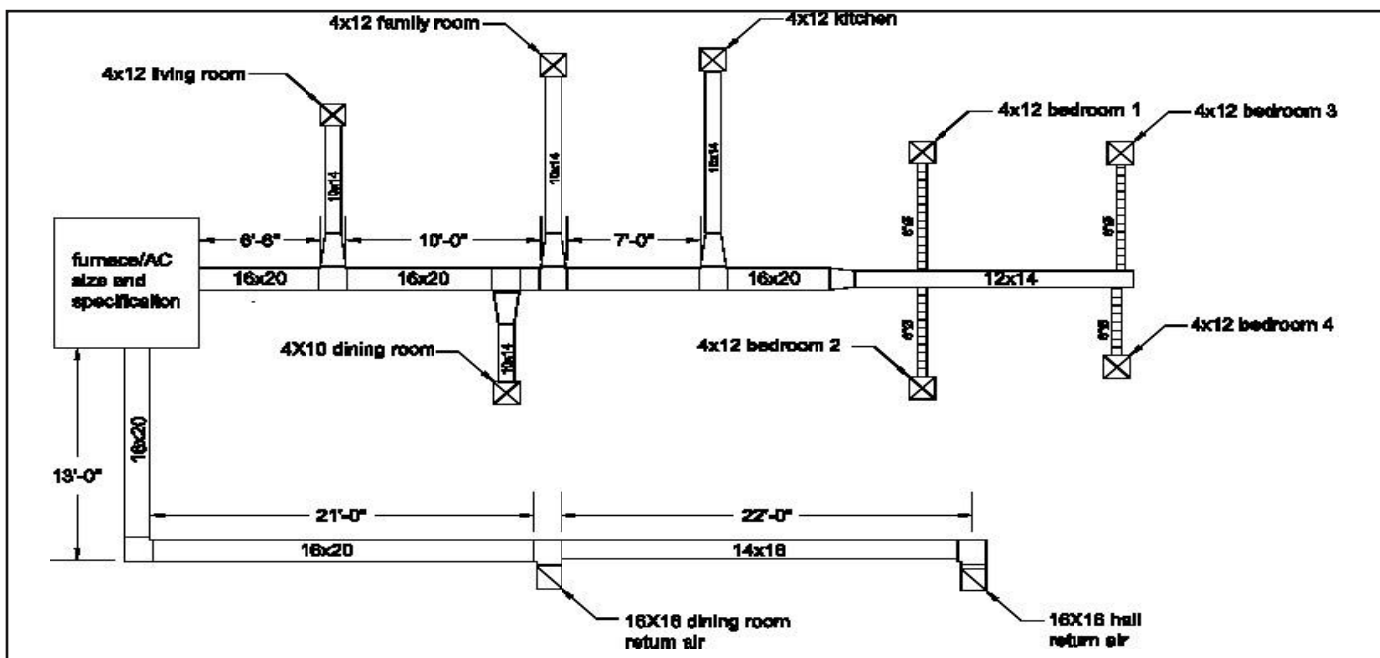
- *Equipment type: the type of the heat source; furnace, heat pump, boiler, etc.*
- *Manufacturer/Model No: the specific equipment manufacturer and model number being proposed.*
- *Input: the input capacity of a furnace or boiler in Btu/h.*
- *Output: the output capacity of a furnace or boiler in Btu/h.*

Cooling Equipment Data

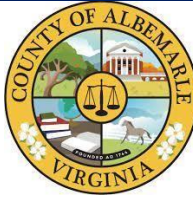
- *Equipment type: the type of the cooling source; air conditioner, heat pump, etc.*
- *Manufacturer/Model No: the specific equipment manufacturer and model number being proposed.*
- *Input: the input capacity of a furnace or boiler in Btu/h.*
- *Total capacity @ evaporator: the sum of the sensible and latent capacities of the equipment at the design temperature in Btu/h.*
- *Sensible capacity (equipment): the maximum sensible capacity of the equipment at the design temperature in Btu/h.*

HVAC Duct Layout Diagram

- Provide a plan view and diagram of the supply and return air duct systems. Plan should include all sizes of trunk lines, branch lines, supply outlets and return outlets.



Sample HVAC Duct Layout



Albemarle County Building Department

Phone: (434) 296-5832; Website: www.albemarle.org

Duct Leakage Testing Affidavit

Per N1103.3.3 (R403.3.3) Duct testing: Ducts shall be pressure tested to determine air leakage. Total leakage shall be measured with a pressure differential of 0.1-inch w.g. (25 Pa) across the system. Note: each system shall require a separate report.

Date	
911 Address or Tax Map	
Permit Number	

Conditioned Floor Area (sq. ft.)	
Source: (Plans, Estimated, Measured)	

Air Handler Installed (yes or no)	
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Select One:

- Rough-in Test
 Post Construction Test

Select One:

- Conditioned Space
 Unconditioned Space
 Both (Conditioned & Unconditioned Space)

Choose Testing Criteria:

- Rough-in, total duct leakage with air handler installed (floor area x.04)=_____cfm@25 Pa
 Rough-in, total duct leakage with air handler not installed (floor area x.03)=_____cfm@25 Pa
 Post Construction, total duct leakage (floor area x.04)=_____cfm@25 Pa
 Post Construction, leakage to outdoors (floor area x.04)=_____cfm@25 Pa

Test Result: _____ cfm @ 25 PA-Total Leakage ___ Pass ___ Fail

I certify that these duct leakage rates are accurate and determined using standard duct testing protocol in accordance with the Virginia Residential Code and the Virginia Energy Conservation Code.

Company Name	
Technician Name	
Technician Signature	
Phone Number	
DPOR License Number	



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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)	
ACH50	

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