City of Celina

Residential Energy Testing Compliance Certificate

Energy Code Requirements of the 2024 IECC (IRC) as amended

Provide this form at building completion prior to final inspections

Project Address: _____ Permit Number: _____

BUILDING THERMAL ENVELOPE TESTING VERIFICATION

Building Thermal Envelope Leakage Testing *(R402.4.1.2):*

☐ _____ ACH50 ☐ _____CFM per SF of dwelling unit enclosure*

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2024 International Energy Conservation Code, as amended locally.** I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, or ASTM E1827 and that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

DUCT LEAKAGE TESTING VERIFICATION

☐ **Rough-In Test Option *(R403.3.5 1.)*** ☐ **Post Construction Test Option *(R403.3.5 2.)***

System #1 - _____CFM25 System #2 - _____CFM25 System #3 - _____CFM25

System #4 - _____CFM25 System #5 - _____CFM25 System #6 - _____CFM25

I certify that I have conducted a **total duct leakage test and it has passed the requirements of the 2024 International Energy Conservation Code, as amended locally.** I further certify that the testing was conducted in accordance with AMSI/RESNET/ICC 380 or ASTM E1554.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

MECHANICAL VENTILATION AIRFLOW TESTING VERIFICATION

Whole house System #1 - _____CFM Whole house System #2 - _____CFM

Exhaust System #1 - _____CFM Exhaust System #2 - _____CFM Exhaust System #3 - _____CFM
Exhaust System #4 - _____CFM Exhaust System #5 - _____CFM Exhaust System #6 - _____CFM

I certify that I have conducted **whole-dwelling mechanical ventilation airflow and exhaust ventilation airflow tests and they have passed the requirements of the 2024 International Residential Code or International Mechanical Code as applicable and as amended locally.** I further certify that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

* Per R402.4.1.2 and R402.4.1.3: The maximum infiltration rate for Option 1 Prescriptive Path is 5 ACH in Climate Zone 2 or 3 ACH in Climate Zone 3. The maximum infiltration rate for all other compliance paths and climate zones is 5 ACH or 0.28 CFM per SF of dwelling unit enclosure.

City of Celina
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