

CITY OF VERNON MID-CONSTRUCTION AIRTIGHTNESS REPORT FOR PART 9 BUILDINGS

Only for buildings accessing the City of Vernon's Mid-Construction Airtightness Test Rebate **Form must be completed by a Licensed Energy Advisor**

A: PROJECT INFORMATION

Building Permit #: _____ Building Type: _____ Step Required: _____

Project Address: _____ Building # _____

Builder: _____ Company: _____

Builder E-Mail: _____ Phone#: _____

Energy Advisor: _____ Company: _____

EA ID Number: _____ Service Organization: _____

E-Mail: _____ Phone#: _____

B: AIR TIGHTNESS

| INTERIOR VOLUME OF BUILDING | REQUIRED _{ACH50} (if applicable) | DESIGN HOUSE _{ACH50} (if applicable) |
|---|---|---|
| <input type="checkbox"/> m ³ or <input type="checkbox"/> ft ³ | | |

AIR BARRIER SYSTEM & LOCATION:

Above-grade Walls:

Interior: N / A Sealed polyethylene Airtight drywall Spray foam Other (describe below)

Exterior: N / A Sealed membrane Taped sheathing Sealed insulation Other (describe below)

Other: _____

Attic:

Interior: N / A Sealed polyethylene Sealed interior sheathing Spray foam Other (describe below)

Exterior: N / A Sealed sheathing membrane Other (describe below)

Other: _____

| | ACH @ 50Pa Result | Identified Leakage Areas and Opportunities for Improvement |
|--------------|---|--|
| (yyyy/mm/dd) | ACH @ 50 Pa to two decimal points (e.g. 4.37) | |

I hereby certify that:

- The measured air leakage results represent actual results obtained during the test;
- Extrapolated ACH scores were derived using the methods noted above; and,
- I personally conducted the checks on the upgrades for the specifications noted above.

Signed by Energy Advisor

Full Name: _____ (print)

Date: _____ (yyyy/mm/dd)