



**LAKE COUNTY BUILDING DEPARTMENT**  
 105 Main St, Bldg B Second Floor, Painesville, Ohio 44077  
 TEL: 440-350-2636 440-918-2636 800-899-LAKE Ext. 2636 FAX: 440-350-2660  
 Website: [www.lakecountyohio.gov/building-inspection](http://www.lakecountyohio.gov/building-inspection) - E-mail: [lcbd@lakecountyohio.gov](mailto:lcbd@lakecountyohio.gov)

## BUILDING ENVELOPE TIGHTNESS TEST VERIFICATION FORM

For compliance with the 2019 Residential Code of Ohio (RCO) Section 1102.4.2.1 and Section 1105.2.4.2.1  
*and*  
 2018 International Energy Conservation Code (IECC) Section 402.4.2.1

**JOB SITE ADDRESS:** \_\_\_\_\_  
*Street Address & City/Township*

**Instructions:** This form (*fillable pdf*) shall be used to report the Building Envelope Tightness test results to the Lake County Building Department. *This form shall not be used to report the "air exchange rate" where the energy efficiency of the building is based on the standard reference design and proposed design provisions of /ECG Section 405: Simulated Performance Alternative. The "air exchange rate" shall be reported in the compliance report required by /ECG Section 405.4.2.*

Enter the street address of the test above, indicate below the testing pressure and the Air Changes per Hour (ACH), and (check) Yes= "Y" or No= "N" to the list of conditions of the test.

Testing Pressure \_\_\_\_\_ Pascals                      Air Changes per Hour (ACH): \_\_\_\_\_

CONDITIONS OF THE TEST		
<b>Y</b>	<b>N</b>	<b>Check the Yes = "Y" or No = "N" column to <u>ALL</u> of the following questions:</b>
		1. Exterior windows and doors, fireplace and stove doors were closed, but not sealed;
		2. Dampers were closed, but not sealed; including exhaust, intake, makeup air, back draft, and flue dampers;
		3. Interior doors were open;
		4. Exterior openings for continuous ventilation systems and heat recovery ventilators were closed and sealed;
		5. Heating and cooling system(s) were turned off;
		6. HVAC ducts were not sealed; and
		7. Supply and return registers were not sealed.

**I verify the test results and conditions indicated above have been conducted per the above criteria, the Approved Plans, the Certification of Plan Approval, and the 2019 RCO or 2018 IECC as applicable. NOTE: This completed form is required to be submitted to the Lake County Building Department for review prior to requesting a Final inspection.**

Verifier (Print Name): \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: \_\_\_\_\_