



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720
(386) 736-5929 Fax (386) 943-7096

BLOWER DOOR TEST AFFIDAVIT

To: The County of Volusia
Building Department

Permit #: _____

I understand that a completed Blower Door Test form signed by the party conducting the test must be submitted and approved prior to scheduling the final inspection. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

Applicant Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____.

Personally known _____ or Produced ID _____

Type of Identification Produced _____

Notary Public, State of Florida signature

(Print, type or stamp name)

Seal: