

Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- Tiered prescriptive achieves points through Table 9.36.8.8., or
- Tiered performance has an air-leakage rate of less than 3.2 ACH@50 Pa.

Permit Number \_\_\_\_\_

Date (YY MM DD) \_\_\_\_\_

Re: Building Address: \_\_\_\_\_

Permit Scope: \_\_\_\_\_

Legal Address: Lot: \_\_\_\_\_

Block: \_\_\_\_\_

Plan: \_\_\_\_\_

**Airtightness Declaration:**

Input parameters:	Reference Value	Proposed Value	Actual
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (circle one)	<input type="checkbox"/> ACH <sub>50</sub>	<input type="checkbox"/> NLA <sub>10</sub>	<input type="checkbox"/> NLR <sub>50</sub>
Zone Method (circle one)	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unguarded	

Declaration	
Name:	Company:
Email:	Phone:
I certify that I am knowledgeable, experienced, and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.	
Print Name _____	
Signature _____	Date _____

Completed certificates must be submitted to [inspections@saskatoon.ca](mailto:inspections@saskatoon.ca) prior to scheduling a full occupancy inspection.