



COMMERCIAL ENERGY COMPLIANCE STATEMENT

Building Division
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3015 Market, Galveston, TX 77550
(409)797-3620 www.galvestontx.gov

Date _____

I. PROPERTY INFORMATION

ADDRESS: _____ PROJECT NAME: _____

This is to confirm the referenced commercial project is constructed in compliance with the 2021 International Energy Conservation Code (IECC) as shown on the city approved, city stamped plans onsite (inspection dates) are as follows: _____

COMMERCIAL ENERGY CODE INSPECTOR NO. _____

INSPECTED BY

TITLE

EMAIL

PHONE



City of Galveston
Residential Energy Testing Compliance Certificate Energy Code
Requirements of the 2021 IECC (IRC)

Submit this form at building completion.

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 2021 International Energy Conservation Code**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, or ASTM E1827 and that I am certified to perform air infiltration testing certified by national or state organizations as approved by the building official. I am a third party, not employed or have any financial interest in the company that constructs the structure.

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 2021 International Energy Conservation Code**. 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 2021 International Residential Code or International Mechanical Code as applicable**. 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.