



## Madison County Building & Zoning Department

Phone: (540) 948-6102; Website: [www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

### Check list of items/reports/etc. to be submitted prior to a Final Inspection for a Certificate of Occupancy (Residential Dwellings)

#### **ALL WORK MUST BE COMPLETE**

- All required inspections have been performed and approved.
- Any & all outstanding fees must be paid.
- Erosion & Sediment Control approval for the Final Inspection/CO must be approved or authorized by the County E&S Administrator.
- Zoning approval must be completed or granted by the County Zoning Administrator.

#### **The following must be submitted to the Building & Zoning Department:**

- The Operational permit from the VDH for well & septic (-or- RSA approval).
- The Mechanical/HVAC duct leakage report/affidavit.
- Building envelope (blower door) leakage report/affidavit.
- Mechanical ventilation testing report/affidavit.
- For manufactured homes, the Certification of Installation.
- For projects in a flood zone (FEMA special flood hazard area), an elevation certificate and-or a floodproofing certificate will be required.

#### **During the inspection, the following shall apply:**

- ✓ The approved plans must be on site.
- ✓ All manufacturer's installation manuals (water heater, mechanical/HVAC, etc.) shall be onsite.
- ✓ All work shall comply with the approved plans and the Virginia USBC.
- ✓ The Energy Efficiency Certificate must be completed and posted on site.
- ✓ The E911 address must be posted on site.
- ✓ A "2A:10B:C" fire extinguisher shall be placed in all kitchens.



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# Energy Efficiency Certificate

Per N1101.14 (R401.3) this energy efficiency certificate shall be permanently mounted or installed on a wall in the space where the furnace is located, a utility room or an approved location inside the building. This certificate shall not cover or obstruct any electrical panel label or legend.

### Site information

911 Address	
Tax Map Number	
USBC edition	

### Building thermal envelope R-value or U-value

Above ceiling	
Above grade walls	
Below grade walls (basement walls)	
Crawlspace walls	
Underfloor	
Under slab	

### Fenestration (doors & windows)

U-factor	
SHGC	

### Equipment (type-efficiency)

HVAC		
Water heating		

### Test results

HVAC Duct test	
Building envelope leakage (blower door) test	

### Misc. info; including solar photovoltaic system info:

Date	
Name	
Signature	



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# Building Envelope Leakage (Blower Door) Testing Form

### Site Info

911 Address	
Tax Map Number	
Permit Number	
Contractor	
Owner	

### Tester's Info

Name	
Phone Number	
Email	
Profession	
Certification-License Number	

### Building & Test Conditions

Date & Time	
Indoor Temperature (F)	
Outdoor Temperature (F)	
Building Floor Area (square feet)	
Building Volume (cubic feet)	

### Type of Testing:

Depressurization of Building  
 Pressurization of Building

### Test Results

CFM50	
Building Volume (cubic feet)	
ACH50	

### Testing Certification

I hereby certify that the information provided is accurate and complies with Section N1102.4.1.2 (R402.4.1.2) of the 2018 Virginia Residential Code.

Signature of Tester: \_\_\_\_\_

Date: \_\_\_\_\_



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### Duct Leakage Testing Affidavit (2021 USBC Version)

Per N1103.3.5 (R403.3.5) Duct testing: Ducts shall be pressure tested to determine air leakage. Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the system. Note: each system shall require a separate report.

Date	
911 Address or Tax Map	
Permit Number	

Conditioned Floor Area (sq. ft.)	
Source: (Plans, Estimated, Measured)	

Air handler installed (yes or no): \_\_\_\_\_

#### Select One:

Rough-in Test  
 Post Construction Test

Are ducts & air handler within the Building Thermal Envelope: \_\_\_\_\_

#### Choose Testing Criteria:

Rough-in, total duct leakage with air handler installed (floor area x.04)= \_\_\_\_\_ cfm@25 Pa  
 Rough-in, total duct leakage with air handler not installed (floor area x.03)= \_\_\_\_\_ cfm@25 Pa  
 Post Construction, total duct leakage (floor area x.04)= \_\_\_\_\_ cfm@25 Pa  
 Post Construction, Ducts/air handler within Thermal Envelope (floor area x.08)= \_\_\_\_\_ cfm@25 Pa

**Test Result: \_\_\_\_\_ cfm @ 25 PA-Total Leakage       Pass       Fail**

I certify that these duct leakage rates are accurate and determined using standard duct testing protocol in accordance with the Virginia Residential Code and the Virginia Energy Conservation Code.

Company Name	
Technician Name	
Technician Signature	
Phone Number	
DPOR License Number	

# MANUFACTURED HOME CERTIFICATION OF INSTALLATION

## Commonwealth of Virginia Department of Housing and Community Development Manufactured Housing Construction Safety Standards

### I. INSTALLER INFORMATION

<i>BUSINESS NAME:</i>	<i>BUSINESS ADDRESS:</i>
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*CONTRACTOR LICENSE NUMBER:*

### II. MANUFACTURED HOME INFORMATION

*MANUFACTURER (Name and address):*

*INSTALLATION ADDRESS (street address, city, county, zip code):*

<i>HUD LABEL NUMBER(S):</i>	<i>HOME SERIAL NUMBER:</i>
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### III. CERTIFICATION

*I certify that the information provided herein is true, accurate and that the following conditions have been satisfied:*

- 1: That the manufactured home has been installed in accordance with an installation design and instruction that have been approved by the manufacturer and approved by the secretary directly or through review by the DAPIA; or
- 2: An installation design and instructions that have been prepared and certified by a professional engineer or registered architect, that have been approved by the manufacturer and the DAPIA as providing a level of protection for residents of the home that equals or exceeds the protection provided by the federal installation standards in §3285.
- 3: All installation defects brought to the installer's attention have been corrected.

<i>CERTIFIER'S NAME (Print):</i>	<i>CERTIFIER'S SIGNATURE:</i>	<i>DATE:</i>
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*CERTIFIER'S CONTACT INFORMATION (Address, phone):*



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### **Mechanical Ventilation Testing Affidavit**

#### *N1103.6.3 (R403.6.3) Testing.*

*Mechanical ventilation systems shall be tested and verified to provide the minimum ventilation flow rates required by Section N1103.6. Testing shall be performed according to the ventilation equipment manufacturer's instructions, or by using a flow hood or box, flow grid, or other airflow measuring device at the mechanical ventilation fan's inlet terminals or grilles, outlet terminals or grilles, or in the connected ventilation ducts. Where required by the code official, testing shall be conducted by an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official.*

*Exception: Kitchen range hoods that are ducted to the outside with 6-inch (152 mm) or larger duct and not more than one 90-degree (1.57 rad) elbow or equivalent in the duct run.*

Date	
Permit Number	
E911 Location	
Tax Map	
Name of Owner	
USBC Code Year/Edition	

Results of Test:  Passed  Failed

By signing this affidavit, you are hereby attesting to and verifying that the mechanical ventilation test was performed per N1103.6.3; and the results of the test meet the intent and requirements of the Virginia Uniform Statewide Building Code.

Name	
Signature	