

## One and Two Family Mechanical Duct Tightness and Sealing Verification Form

Permit number: \_\_\_\_\_ Job Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

I hereby attest that all the ducts, air handlers, filter boxes and building cavities used as ducts have their joints and seams properly sealed and in compliance with Section M1601.4.1 of the Virginia Construction Code using the following method as indicated below.

- I as the Master mechanic or Owner of the Mechanical Contracting Company affirm that the duct joints and seams have been properly sealed in accordance with section M1601.4.1 of the VCC by a field visual verification inspection from a qualified representative from my company in accordance with N1103.2.2.2, Visual Inspection Option of the VCC.

Subject to the use of the above noted visual inspection option and any subsequent complaint filed within one year from the date of the Certificate of Occupancy, I agree to perform at no expense to the original owner of the home or to the City of Chesapeake, a duct blaster tightness test in accordance with N1103.2.2.1 of the Virginia Construction Code. Upon discovery of any leaks found in the originally installed duct work, I agree to repair the leaky ducts under the legal warranty requirements.

Signature of Master Mechanic or Owner of the Company: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: Prior to requesting a mechanical rough-in inspection, please provide a copy of the verification form to the Development and Permit Department\* or post the form on the job site.**

\*form may be submitted via email to [permitsupport@cityofchesapeake.net](mailto:permitsupport@cityofchesapeake.net) or completed in the office.

*"The City of Chesapeake adheres to the principles of equal employment opportunity.  
This policy extends to all programs and services supported by the City."*