



**Building Inspections Department**

100 W Center St  
Kyle, Texas 78640  
(512)262-3911

**DUCT LEAKAGE AFFIDAVIT**

This completed form is required for **ALL** New 1 & 2 Family Dwellings, Townhouses and **ALL** mechanical projects that include installing and or replacing duct systems for the same type of dwellings.

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Known)

Site Address: \_\_\_\_\_  
Street Name City Zip

**TEST RESULT: ☐ PASS**

**I certify that this house has been tested for duct leakage in accordance with IRC 2009 Sec. N1103.2. and IECC 2009 Sec. 403.2.2 and has met the requirements for duct leakage.**

Technician: \_\_\_\_\_ Technician Signature: \_\_\_\_\_  
(Print Name)

Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**This form shall be on site for final inspection**