

INSULATION CERTIFICATE

IC-1

Site Address Number and Street _____

City _____

Permit Number: _____

County _____

Subdivision _____

Lot Number _____

DESCRIPTION OF INSTALLATION

1. ROOF

Material _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

2. CEILING

Batt or Blanket Type _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

Loose Fill Type _____

Brand _____

Contractor's min. installed weight/ft² _____ 1b

Minimum thickness _____ inches

Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____

3. EXTERIOR WALL

Frame Type _____

A. Cavity Insulation

Material _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

B. Exterior Foam Sheathing

Material _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

4. RAISED FLOOR

Material _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

5. SLAB FLOOR/PERIMETER

Material _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

Perimeter Insulation Depth (inches) _____

6. FOUNDATION WALL

Material _____

Brand Name _____

Thickness (inches) _____

Thermal Resistance (R-Value) _____

DECLARATION

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficient Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item #s

Signature, Date

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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