



INSULATION CERTIFICATE

Revised 02-12-2018

Building Permit No: _____ Project Name _____

Project Address: _____

STATEMENT OF COMPLIANCE

We, the undersigned, hereby certify that the THERMAL INSULATION installed in the above referenced project is in compliance with the latest edition of the FLORIDA BUILDING CODE, the APPROVED ENERGY CALCULATIONS and Plans, and is in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Circle the applicable items).

1) **Exterior CBS Walls Insulation:** R- _____ (Min.) Material: _____
Thickness: _____ inch(es) Mfr: _____

2) **Exterior Frame/Metal Stud Walls:** R- _____ (Min.) Material: _____
Thickness: _____ inch(es) Mfr: _____

3) **Exterior solid concrete walls:** R- _____ (Min.) Material: _____
Thickness: _____ inch(es) Mfr: _____

4) **Interior walls separating A/C from non A/C spaces insulation:** R- _____ (Min.) Material: _____
Thickness: _____ inch(es) Mfr: _____

5) **MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY:** The COMMON (Party) walls to two separate conditioned tenancies shall be insulated to a minimum of R-11 for frame walls, and to R-3 on both sides of common masonry walls. See *FLORIDA BUILDING CODE 2017 (6th Edition)*—Energy Conservation, Section R402.2.14. These “minimum levels of insulation”, are not included in the Energy Calculations, but shall be installed in the field.

6) **Ceiling insulation:** R- _____ (Min.); Material: _____
Thickness: _____ inch(es); Density: _____ lb/ft: Mfr: _____

Note: Do not use this form for lightweight Insulating concrete.

Installed by (select one):

<u>Insulation Contractor</u>	
_____	_____
(company name)	(CC number)
_____	_____
(contractor's name)	(license number)
_____	_____
(contractor's signature)	(date certified)

<u>General Contractor / Builder</u>	
_____	_____
(company name)	(CC number)
_____	_____
(contractor's name)	(license number)
_____	_____
(contractor's signature)	(date certified)

SWORN AND SUBSCRIBED before me by _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Print Name Date

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires: _____