

INSULATION AFFIDAVIT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPT. OF PLANNING & DEVELOPMENT AFTER INSULATION IS INSTALLED AND 72 HOURS PRIOR TO THE REQUEST FOR A FINAL INSPECTION!! Building

Permit#: _____ Address: _____

Property Owner's Name: _____

Subdivision Name: _____ Lot #: _____

Builders Name: _____ Bus. License/Registration #: _____

Insulation Co: _____ Bus. License/Registration #: _____

BY SIGNATURE BELOW, THE BUILDER AND INSULATION CONTRACTOR CERTIFY THAT THEY ARE CONVERSANT WITH THE REQUIREMENTS OF THE 2009 INTERNATIONAL ENERGY CODE with Georgia Supplements and Amendments. ALSO, THAT THE ABOVE REFERENCED HOUSE IS IN COMPLIANCE WITH THE 2009 INTERNATIONAL ENERGY CODE. _____

BUILDERS NAME INSULATION CONTRACTOR _____

BUILDERS SIGNATURE _____ DATE _____

INSULATION CONT. SIGNATURE _____ DATE _____

	KRAFT	UNFACED	FOIL	LOOSE	R-VALUE	THICK	PKGS.	COVERAGE
CEILING	[]	[]	[]	[]	[]	[]	[]	[]
WALLS	[]	[]	[]	[]	[]	[]	[]	[]
FLOORS	[]	[]	[]	[]	[]	[]	[]	[]

ANYONE WILLFULLY VIOLATING THE ENERGY CODE AND/OR MISREPRESENTING THE INFORMATION ON THIS FORM WILL BE IN VIOLATION OF STATE AND LOCAL LAWS AND SUBJECT TO CITATION. ALL BUILDERS AND INSTALLERS IN VIOLATION WILL BE REPORTED TO THE STATE FOR FURTHER INVESTIGATION.

INCOMPLETE FORMS WILL NOT BE ACCEPTED!!