

# INSULATION CERTIFICATION CARD

Permit #: \_\_\_\_\_

Insulation Contractor Name: \_\_\_\_\_

Jobsite Contractor: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

### Ceiling Insulation

Manufactures Name: \_\_\_\_\_

Insulation Type: \_\_\_\_\_

R-Value of Insulation: \_\_\_\_\_

Thickness of Insulation Installed: \_\_\_\_\_

Location of Insulation Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Wall Insulation

Manufactures Name: \_\_\_\_\_

Insulation Type: \_\_\_\_\_

R-Value of Insulation: \_\_\_\_\_

Thickness of Insulation Installed: \_\_\_\_\_

Location of Insulation Installed: \_\_\_\_\_

Date of Installation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Check One:

- Attic insulation installed with ventilation per R806.1, R806.2 and R806.3 Florida Residential Code 2014
- Conditioned attic assembly insulation has been installed per R-806.4, Florida Residential Code 2014

**THIS CARD MUST BE POSTED IN A PROMINENT LOCATION AND RETURNED TO THE BUILDING DEPARTMENT BEFORE YOUR FINAL INSPECTION.**

Insulation Contractors Signature

PSL License #