

Building Inspections Division

1-B E. Jefferson St./ Post Office Box 1799, Quincy, FL 32353 Phone: (850)875-8665 Fax: (850)875-7280

INSULATION CERTIFICATE

	Permit No:	Projec	t Name:			
	Project Address:					
, the und latest ed	dition of the FLORIDA BU	IILDING CODE, the APPF	ULATION installed in the ab ROVED ENERGY CALCULATION In has the characteristics sho	ONS and Plans, and is in a	accordance with go	
	Exterior CBS Walls Insulation: Thickness: inch(es)		(Min.) nsity: lb/ft	Material: Mfr:		
Exteri	Exterior Frame/Metal Stud Walls: Thickness: inch(es)		(Min.) nsity: lb/ft	Material: Mfr:		
Exteri	Exterior Solid Concrete Walls: Thickness: inch(es)		(Min.) lb/ft	Material: Mfr:		
Interio space	or walls separating A/C fres insulation	om non A/C	(Min.) nsity: lb/ft			
insula 5 th Ed	ated to a minimum of R-1	.1 for frame walls, and tonservation, Section R40	ne COMMON (Party) walls to to R-6 on both sides of mass D2.2.13. These <u>"minimum le</u>	s common walls. See <i>FLC</i>	RIDA BUILDING CO	
	g insulation: ness: inc	R ch(es) Der	(Min.) nsity: lb/ft	Material: Mfr:		
te: Do no	ot use this form for lightw					
С	Insulation Contractor Company Name: Corporation		Company Name:	eral Contractor / Builder Corporation No.:		
	Qualifiers Name:	License No:	Qualifiers Name:	License No:		
	quaimers Name.	License No.	Qualifiers Name.	License No.		
S	ignature:	Date:	Signature:	Date:		
_			X			
Signature of Property Owner or Agent OUNTY OF day of, 20 by:			STATE OF COUNTY OF	Signature of Qual STATE OF COUNTY OF Sworn to (or affirmed) and subscribed before me this day of, 20 by:		
vorn to (c	*	before the this day	, 2	0 by:		
vorn to (c	, 20 by:	Print Property Owner or Agen				
vorn to (c	, 20 by: (Type / F		t Name) (Type / Print Qualifier	Name) TURE as to Qualifier)	NOTARY SEAL	

Type of Identification Produced _____