

**INSULATION AFFIDAVIT**

This form must be completed and returned to \_\_\_\_\_ after the insulation is installed and prior to the request for a final inspection. Please complete all fields below.

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Insulation Installer (if different): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

By signing below, the contractor and insulation installer certify that they are conversant with the requirements of the 2006 International Energy Conservation Code with Georgia Supplements and Amendments and that the above referenced structure follows said code.

\_\_\_\_\_  
Contractor Name (please print)

\_\_\_\_\_  
Insulation Installer Name (please print)

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Insulation Installer Signature

	Kraft	Unfaced	Foil	Loose	R-Value
<u>Coverage</u>					
Ceiling	___	___	___	___	___
Walls	___	___	___	___	___
Floors	___	___	___	___	___