INSULATION CERTIFICATE

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) Density: ___________ lb/ft Mfr: __________________________

2. **Exterior Frame/Metal Stud Walls**: R-_________ (Min.) Material: __________________________
   Thickness: __________ inch(es) Density: ___________ lb/ft Mfr: __________________________

3. **Exterior solid concrete walls**: R-______ (Min.) Material: __________________________
   Thickness: __________ inch(es) Density: ___________ lb/ft Mfr: __________________________

4. **Interior walls separating A/C from non A/C spaces insulation**: R-________ (Min.) Material: __________________________
   Thickness: __________ inch(es) Density: ___________ lb/ft 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-6 on both sides of mass common walls. See FLORIDA BUILDING CODE 6th Edition (2017) — Energy Conservation, Section R402.2.13. 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: __________________________

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

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<th>Insulation Contractor</th>
<th>General Contractor / Builder</th>
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State of FLORIDA

County of ________________)

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 Stamp: ____________________________ My Commission Expires: ____________________________