Site Address	<u>LATION CERTIFI</u>	Permit Number	
Site Address			remit Number
County Subdivision			Lot Number
Description of	Insulation		
1. RAISED FLO	OOR		
Material		Brand Name	
Thickness (inches)		Thermal Resistance (R-Value)	
2. SLAB FLOOR/PERIMETER			
Material			Brand Name
Thickness (inches)			Thermal Resistance (R-Value)
Perimeter Insulation Depth (inches)			
3. EXTERIOR V	ΛΔΙ Ι		
	WALL		
A. Cavity Insulat			
Material			Brand Name
Thickness (inches)			Thermal Resistance (R-Value)
B. Exterior Foam			
Material			Brand Name
Thickness (inches)			Thermal Resistance (R-Value)
4 FOLINDATIO	NIWALI		
4. FOUNDATION WALL Material			Brand Name
Thickness (inches)			Thermal Resistance (R-Value)
			The final flee states (IT value)
5. CEILING			
Batt or Blanket Type			Brand Name
Thickness (inches)			Thermal Resistance (R-Value)
Loose Fill Type			Brand
Manufacturer's installed weight per square foot to achieve Thermal Resistance (Minimum thickness inches
ivianuracturer's i	nistalled weight per square foot to achi	eve Thermal Resi	stance (R-value)
6. ROOF			
Material			Brand Name
Thickness (inches)			Thermal Resistance (R-Value)
Declaration			
	tify that the above inculation was in	netalled in the h	uilding at the above location in conformance with the current
Energy Efficiency	Standards for residential buildings		California Code of Regulations) as indicated on the Certificate
of Compliance, w	here applicable.		
Item #s	Signature	Date	Installing Subcontractor (Co. Name) OR
(if applicable)			General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s	Signature	Date	Installing Subcontractor (Co. Name) OR
(if applicable)	Oignature	Date	General Contractor (Co. Name) OR Owner
			OR Window Distributor
Item #s (if applicable)	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner
(applicable)			OR Window Distributor