INSULATION CERTIFICATE

Building 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.)
   Thickness: _________ inch(es)
   Material: __________________
   Mfr: __________________

2) Exterior Frame/Metal Stud Walls: R-___ (Min.)
   Thickness: _________ inch(es)
   Material: __________________
   Mfr: __________________

3) Exterior solid concrete walls: R-____ (Min.)
   Thickness: _________ inch(es)
   Material: __________________
   Mfr: __________________

4) Interior walls separating A/C from non A/C spaces insulation:
   R-____ (Min.)
   Thickness: _________ inch(es)
   Material: __________________
   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-3 on both sides of common masonry walls. See FLORIDA BUILDING CODE 2017 (6th Edition)—Energy Conservation, Section R402.2.14. These “minimum levels of insulation”, are not included in the Energy Calculations, but shall be installed in the field.

6) Ceiling insulation: R-____ (Min.);
   Thickness: _________ inch(es); Density: _______ lb/ft
   Material: __________________
   Mfr: __________________

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

Installed by (select one):

<table>
<thead>
<tr>
<th>Insulation Contractor</th>
<th>General Contractor / Builder</th>
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<tbody>
<tr>
<td>(company name)</td>
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<td>(CC number)</td>
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<tr>
<td>(contractor’s name)</td>
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<td>(contractor’s signature)</td>
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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: NOTARY PUBLIC STAMP BELOW My Commission Expires: ___________________________