



5512 Main Street
 Flowery Branch, GA 30542
 PHONE: 770-967-6378
 FAX: 770-967-6357

INSULATION AFFIDAVIT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPT. OF PLANNING & DEVELOPMENT before Certificate of Occupancy will be issued.

Building Permit#: _____ Address: _____

Subdivision Name: _____ Lot #: _____

Builders Name: _____ Bus. License/Registration #: _____

Insulation Co.: _____ Bus. License/Registration #: _____

Insulation Co. contact Name: _____ Phone #: _____ Fax #: _____

(NOTE: IN ORDER FOR THIS FORM TO BE USED IN LIEU OF AN INSPECTION, THE INSULATION CONTRACTOR MUST HAVE A VALID BUSINESS LICENSE/REGISTRATION AS AN INSULATION CONTRACTOR. ANY INSULATION INSTALLED BY ANYONE OTHER THAN A LICENSED INSULATION CONTRACTOR MUST BE INSPECTED PRIOR TO BEING CONCEALED.)

BY SIGNATURE BELOW, THE BUILDER AND INSULATION CONTRACTOR CERTIFY THAT THEY ARE CONVERSANT WITH THE REQUIREMENTS OF THE GEORGIA STATE ENERGY CODE FOR BUILDINGS. ALSO THAT THE ABOVE REFERENCED HOUSE IS IN COMPLIANCE WITH THE GEORGIA STATE ENERGY CODE FOR BUILDINGS. REVISED 1/01/2007

 BUILDERS NAME

 INSULATION CONTRACTOR

 BUILDERS SIGNATURE DATE

 INSULATION CONT. SIGNATURE DATE

	KRAFT	UNFACED	FOIL	LOOSE	R-VALUE	THICK	PKGS.	COVERAGE
CEILING	[]	[]	[]	[]	[]	[]	[]	[]
WALLS	[]	[]	[]	[]	[]	[]	[]	[]
FLOORS	[]	[]	[]	[]	[]	[]	[]	[]

ANYONE WILLFULLY VIOLATING THE ENERGY CODE AND/OR MISREPRESENTING THE INFORMATION ON THIS FORM WILL BE IN VIOLATION OF STATE AND LOCAL LAWS AND SUBJECT TO CITATION. ALL BUILDERS AND INSTALLERS IN VIOLATION WILL BE REPORTED TO THE STATE FOR FURTHER INVESTIGATION.

INCOMPLETE FORMS WILL NOT BE ACCEPTED
****NOTE ALL FAX COPIES REQUIRE NOTARY STAMP****

STAMP: _____

NOTARY: _____