



ENERGY, SOUND, AND IMPACT (INSULATION) CERTIFICATE

Building Permit No: _____

Project Name: _____

Job Address: _____

STATEMENT OF COMPLIANCE

We, the undersigned, hereby certify that the ENERGY, SOUND, AND IMPACT INSULATION has been installed in the above referenced project, in compliance with the current or (year) edition of the FLORIDA BUILDING CODE, the APPROVED ENERGY CALCULATIONS and Plans and in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (check all applicable boxes).

Note: For lightweight insulating concrete, use appropriate forms, separate from this one.

1) Exterior CBS Walls Insulation: R- (Min.): Material: Thickness: inch(es); Density: lb/ft; Mfgr:

2) Exterior Frame/Metal Stud Walls: R- (Min.): Material: Thickness: inch(es); Density: lb/ft; Mfgr:

3) Exterior solid concrete walls: R- (Min.): Material: Thickness: inch(es); Density: lb/ft; Mfgr:

4) Interior walls separating A/C from non-A/C spaces insulation: R- (Min.) Material: Thickness: inch(es); Density: lb/ft

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 the current or (year) edition of the ENERGY CODE. 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: Thickness: inch(es); Density: lb/ft; Mfgr:

7) Walls, partitions, and floor/ceiling assemblies between dwelling units or between dwelling units and adjacent public or service areas such as halls, corridors, stairs, etc. must have a sound transmission class (STC) of not less than 50 (penetrations must maintain the required rating).

8) Floor/ceiling assemblies between dwelling units or between dwelling units and public or service areas such as halls, corridors, stairs, etc. must have an impact insulation class (IIC) rating of not less than 50.

Installed by: (Insulation Company Name)

(Insulation Contractor Signature)

Date Certified:

Insulation Contractor CC#

O.C./Builder: (Company Name)

(G.C./Builder's Signature)

Building Contractor CC#:

Date Certified:

Note: Make photocopies of this sheet in your office, as required for future jobs.