



COMMUNITY DEVELOPMENT DEPARTMENT

411 Main Street - 2nd Floor BUILDING DIVISION
P.O. Box 3420 (530) 879-6700
Chico, CA 95927 Fax (530) 895-4726
http://www.chicoca.gov

INSTALLATION CERTIFICATE

Envelope - Insulation

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Site Address:

Permit Number:

If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible; alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures with check boxes require to be checked to ensure the mandatory measures have been met.

Description of Insulation

1. RAISED FLOOR

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____

[] §150(d): Minimum R-13 insulation in raised wood-frame floor or equivalent U-factor.

2. SLAB FLOOR/PERIMETER

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____

Perimeter Insulation Depth (inches): _____

[] §150(l): Water absorption rate for the insulation material alone without facings is no greater than 0.3%; water vapor permeance rate is no greater than 2.0 perm/inch and shall be protected from physical damage and UV light deterioration.

3. EXTERIOR WALL

a. Insulation Type (e.x. Batt, Loose Fill, Spray Foam)

a. Thermal Resistance (R-Value): _____

b. Insulation Type (e.x. Batt, Loose Fill, Spray Foam)

b. Thermal Resistance (R-Value): _____

Brand: _____

Spray/Loose fill) Installed Actual Thickness (inches): _____

Spray/Loose fill) Contractor's min installed weight/ft² _____ lb

Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value)

[] §150(c): Minimum R-13 insulation in wood-frame wall or equivalent U-factor.

Exterior Foam Sheathing (rigid Insulation)

Material: _____

Brand Name: _____

Thickness (inches) : _____

Thermal Resistance (R-Value) : _____

4. FOUNDATION WALL

Material: _____

Brand Name: _____

Thickness (inches): _____

Thermal Resistance (R-Value): _____



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5. CEILING

Batt or Blanket Type: _____
 Loose Fill Type: _____
 Spray Foam Type: _____
 Installed Actual Thickness (inches): _____

Brand Name: _____ Thermal
 Resistance (R-Value): _____ Brand Name: _____
 _____ Contractor's min installed
 weight/ft² _____ lb

Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value):

§150(a): Minimum R-19 insulation in wood-frame ceiling or equivalent U-factor.

6. ATTIC ROOF INSULATION AND/OR ATTIC RADIANT BARRIER

Material: _____
 Material: _____
 Thickness (inches): _____

Brand Name: _____
 Brand Name: _____
 Thermal Resistance (R-Value): _____

§118(a): Insulation installed meets Standards for Insulating Material.
 §150(g): Mandatory Vapor barrier installed in Climate Zones 14 or 16.

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- **I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.**

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	Responsible Person's Signature:	
CSLB License:	Date Signed:	Position With Company (Title):