



5410 Pine Street  
Flowery Branch, GA 30542  
PHONE: 770-967-6378  
FAX: 770-967-6481

## **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
<b>CEILINGS</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>WALLS</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>FLOORS</b>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

**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:** \_\_\_\_\_