



Pickens County
Building Inspections Department

INSULATION AFFIDAVIT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE DEPT. OF PLANNING & DEVELOPMENT *AFTER* INSULATION IS INSTALLED AND *72 HOURS PRIOR* TO THE REQUEST FOR A FINAL INSPECTION!!

Building Permit#: _____ **Address:** _____

Property Owner's Name: _____

Subdivision Name: _____ **Lot #:** _____

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

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

BY SIGNATURE BELOW, THE BUILDER AND INSULATION CONTRACTOR CERTIFY THAT THEY ARE CONVERSANT WITH THE REQUIREMENTS OF THE 2009 INTERNATIONAL ENERGY CODE with Georgia Supplements and Amendments. ALSO, THAT THE ABOVE REFERENCED HOUSE IS IN COMPLIANCE WITH THE 2009 INTERNATIONAL ENERGY CODE.

BUILDERS NAME

INSULATION CONTRACTOR

BUILDERS SIGNATURE

DATE

INSULATION CONT. SIGNATURE

DATE

	KRAFT	UNFACED	FOIL	LOOSE	R-VALUE	THICK	PKGS.	COVERAGE
CEILINGS	[]	[]	[]	[]	[]	[]	[]	[]
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!!