



Citrus County Building Division
 3600 W Sovereign Path, Lecanto, FL 34461
 Phone: 352-527-5310
 Email: Permit@CitrusBOCC.com

Received by: _____
 Date: _____

INSULATION INSTALLATION CERTIFICATION

This form must be filled out in its entirety as applicable or it will not be accepted.

Alternate Key: _____ Permit Number: _____
 Number & Street: _____, City: _____, Zip: _____
 Scope of Project: _____ Contractor: _____

Description of Insulation

Roof Deck:

Material: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

Ceiling:

Batt or Blanket: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

Loose Fill: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

Exterior CMU Walls:

Material: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

Exterior Frame Walls:

Material: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

Interior Frame Walls:

Material: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

Other Areas:

Description of Area: _____
 Material: _____ Brand: _____
 Thickness: _____ Required R-Value: _____ Installed R-Value _____

I hereby certify that the above insulation was installed in the structure at the above location in conformance with the current edition of the Florida Building Code-Energy Conservation and the **approved energy calculation forms** submitted for this project.

Installer (Print): _____ Company Name: _____
 Installer (Signature): _____ Date of Installation: _____

State of Florida
 County of Citrus

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification, and who did/did not take an oath.

Notary Public Signature: _____ Seal