

## TOWN OF CLERMONT P.O. Box 257

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## **INSULATION AFFIDAVIT**

THIS FORM MUST BE COMPLETED AND RETURNED TO THE TOWN OF CLERMONT AFTER THE INSULATION IS INSTALLED AND THREE (3) BUSINESS DAYS PRIOR TO THE REQUEST FOR A FINAL INSPECTION. (please print the following information below)

BUILDIN	G PERMI	Τ#_																
ADDRESS	S																	
PARCEL 7	#																	
BUILDER	: COMPA	NY	NAME															
	ADDRE	SS_																
	CONTA	CT l	NUMBI	ER														
INSULAT	ION CON	TRA	ACTOR	: CO.	NAM	IE												
	ADDRES	S																
	CONTAC	T N	UMBEI	R														
BY SIGNA THEY AR CODE WI COMPLIA	E CONVI	ERSA RGIA	ANT W	ITH T LEME	HE R	REQU	JIREME	ENT	S OF T	HE 2006	5 INTE	ERNAT	IONA	L ENE	ERGY			
BUILDER	BUILDER'S NAME (please print)										INSULATION CONTRACTOR (please print)							
								_										
BUILDER	'S SIGNA	(TU	RE (blu	e ink)					INSTA	LLER'S	SIGN	ATUR]	E (blu	e ink)				
COVERAG	KRAFT UNFACED FOIL LOOSE COVERAGE										R-VALUE THICK PKGS							
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WALLS	[	]	[	]	[	]	[	]	[	]	[	]	[	]				
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