



INSULATION CERTIFICATE

	Permit No:
	Project Name:
	Project Address:

STATEMENT OF COMPLIANCE

We, the undersigned, hereby certify that the THERMAL INSULATION installed in the above referenced project is in compliance with the latest edition of the FLORIDA BUILDING CODE, the APPROVED ENERGY CALCULATIONS and Plans, and is in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Circle the applicable items).

1. **Exterior CBS Walls Insulation:** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____

2. **Exterior Frame/Metal Stud Walls:** R-_____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____

3. **Exterior solid concrete walls:** R- _____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____

4. **Interior walls separating A/C from non A/C spaces insulation:** R- _____ (Min.) Material: _____
 Thickness: _____ inch(es) Density: _____ lb/ft Mfr: _____

5. **MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY:** The COMMON (Party) walls to two separate conditioned tenancies shall be insulated to a minimum of R-11 for frame walls, and to R-6 on both sides of mass common walls. See *FLORIDA BUILDING CODE 6th Edition (2017) — Energy Conservation, Section R402.2.13*. These “minimum levels of insulation”, are not included in the Energy Calculations, but shall be installed in the field.

6. **Ceiling insulation:** R- _____ (Min.); Material: _____
 Thickness: _____ inch(es): Density: _____ lb/ft: Mfr: _____

Note: Do not use this form for lightweight Insulating concrete.

Insulation Contractor		General Contractor / Builder	
Company Name	Corporation No.	Company Name	Corporation No.
Qualifiers Name	License No:	Qualifiers Name	License No:
Signature	Date	Signature	Date



CITY OF HALLANDALE BEACH

BUILDING INSPECTIONS DIVISION

400 South Federal Highway

Hallandale Beach, FL 33009

Office 954-457-3023 ● Fax 954-457-1312

State of FLORIDA

County of _____)

SWORN AND SUBSCRIBED before me by _____ being personally known to me _____ OR having produced as identification _____ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____

Date: _____

Notary Public Stamp:

My Commission Expires: