



BUILDING DEPARTMENT

Town of Ware

126 Main Street, Ware, Massachusetts 01082

CONTRACTOR'S INSULATION AFFIDAVIT

This Form Must be Filled Out and Returned When Job is Complete

I certify that the building located at: _____, Ware, MA 01082

Homeowner's Name: _____

Building Permit #: _____

Dated: _____

Has been built/alterd under my supervision in accordance with:

INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT AND ALL REGULATIONS PER 2015 IECC MASSACHUSETTS CHAPTER 11 AMMENDMENTS

CLIMATE ZONE	FENESTRATION U-FACTOR	SKYLIGHT U-FACTOR	GLAZED FENESTRATION SHGC	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE	FLOOR R-VALUE	BASEMENT WALL R-VALUE	SLAB R-VALUE & DEPTH	CRAWL SPACE WALL R-VALUE
5 AND MARINE 4	≤ 0.30	0.55	NR	49	20+5 or 13+5h	13/17	30g	15/19	10, 2 ft	15/19

The International Energy Conservation Code (IECC)

1. Execution of all work is in accordance with the approved construction documents.
2. Execution and control of all methods of construction is in a safe and satisfactory manner in accordance with all applicable local, state and federal statutes and regulations
3. Upon completion of the construction, he shall certify to the best of his knowledge and belief that such has been done in substantial accord with Items 1 and 2 above and with all pertinent deviations specifically noted.

Name of Construction Company: _____

Construction Supervisor Name: _____

Construction Supervisor Signature: _____

Date job was completed: _____

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Town of Ware Building Department

126 Main Street

Ware, MA 01082

Or Email to:

amarques@townofware.com or ncroteau@townofware.com