

CHARTER TOWNSHIP OF SPRINGFIELD

INSULATION INSTALLED AFFIDAVIT - I hereby certify that the following information is correct per requirements of the Michigan uniform Energy Code Part 10, effective March 31, 1999.

JOB LOCATION ADDRESS: _____

Permit No. _____ **Date Installed:** _____

Builder: _____ Phone: _____

Installer: _____ Phone: _____

Blown-In, Sprayed or Batt Insulation

Walls & Band Joist	R-Value	Manufacture/Product
1) Initial/Settled Thickness ____/____	_____	_____
2) Batt , Foam or Other ____/____	_____	_____

Roof/Ceiling

1) Initial/Settled Thickness ____/____	_____	_____
2) Batt , Foam or Other ____/____	_____	_____

Floor or slab on grade

1) Initial/Settled Thickness ____/____	_____	_____
2) Batt , Foam or Other ____/____	_____	_____

Basement/Crawl Space Walls

1) Initial/Settled Thickness ____/____	_____	_____
2) Batt , Foam or Other ____/____	_____	_____

Signature: _____ Date: _____

Print Name: _____ Phone: _____

**** THIS INSULATION AFFADAVIT MUST BE RETURNED TO THE BUILDING DEPARTMENT, PRIOR TO RECEIVING FINAL BUILDING INSPECTION AND CERTIFICATE OF OCCUPANCY PERMIT.**** Revised: 1-9-04