



City of Belvidere

# Certificate of Insulation

Permit Number \_\_\_\_\_  
Site Address \_\_\_\_\_



## MINIMUM INSULATION VALUES:

Slab Edge:	R- _____
Floors:	Slab on grade for house only R- _____
Walls:	R- _____
Ceiling:	R- _____
Vaulted Roof Areas:	R- _____
HVAC Ducts:	R- _____
Basement Walls:	R- _____



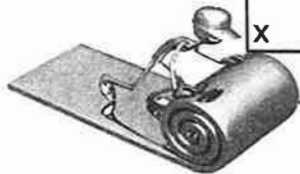
### IMPORTANT !!!

Contractor's verification signature is required on form.

This certificate can only be used if the **Framing Inspection** has been approved and signed on the inspection placard. All framing corrections must be completed, inspected, and approved prior to submitting this certificate to the Building Department for acceptance. This certificate must be recieved, reviewed, and approved prior to requesting a Final Inspection **OR** at time of Final Inspection.

CONTRACTOR:	_____
Builder / Owner:	_____
Contact Phone #:	_____
X _____	_____
Contractor's Signature	Date

BLDG DEPT USE ONLY
REC'D BY:
_____



**THIS FORM IS FOR  
COMMERCIAL & RESIDENTIAL USE**