



CONFIRMATION OF INSULATION

****To be returned to the Building Division prior to final inspection.****

Installer's Name:		Certification #:
Company Name:		
Company Phone Number:		Email:
Owner/Builder:		
Project Location:	Lot/Part:	Conc.:
	Twp.:	RP -
Civic Address:		
Assessment Roll Number:		

This is to verify that insulation installed in the above-noted property is as follows:

Area	Depth	Product	R-Value
Ceiling with Attic			
Ceiling without Attic			
Above Grade Walls			
Below Grade Walls			
Above Grade Floors			
Below Grade Floors			

and is in accordance with the manufacturer's specifications and subsection 9.25.2 of the Ontario Building Code.

INSTALLER SIGNATURE

OWNER/BUILDER SIGNATURE

DATE

DATE

This form has been developed by the Building Division of Haldimand County as a tool to aid in the confirmation of insulation installed into the above property.