



DEPARTMENT OF PLANNING & BUILDING
 BUILDING DIVISION
 276 Fourth Avenue Chula Vista CA 91910
 619-691-5272 619-585-5639 FAX

INSULATION CERTIFICATE

FORM 4550

Number and Street _____

City _____

County _____

Subdivision _____

Lot Number _____

Description of Installation

ROOF

Material _____
 Thickness (inches) _____

Brand Name _____
 Thermal Resistance (R-Value) _____

EXTERIOR WALL

Material _____
 Thickness (inches) _____

Brand Name _____
 Thermal Resistance (R-Value) _____

CEILING

Batt or Blanket Type _____
 Thickness (inches) _____
 Loose-fill type _____
 Contractor's minimum installed weight/ft² _____ lb.
 Manufacturer's installed weight per sq.ft. to achieve Thermal Resistance (R-Value) _____

Brand Name _____
 Thermal Resistance (R-Value) _____
 Brand Name _____
 Minimum thickness _____ inches

RAISED FLOOR

Material _____
 Thickness (inches) _____

Brand Name _____
 Thermal Resistance (R-Value) _____

SLAB FLOOR

Material _____
 Thickness (inches) _____
 Width (inches) _____

Brand Name _____
 Thermal Resistance (R-Value) _____

FOUNDATION WALL

Material _____
 Thickness (inches) _____

Brand Name _____
 Thermal Resistance (R-Value) _____

Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current Building Energy Efficiency Standards for new residential building contained in Title 24 of the California Administrative Code.

General Contractor (Builder) _____

License Number _____

Signature and Title _____

Date _____

Subcontractor (insulation installer) _____

License Number _____

Signature and Title _____

Date _____