



COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

411 Main Street, 2nd Floor | P.O. Box 3420, Chico, CA 95927
(530) 879-6700 | www.chicoca.gov

Insulation Certificate by Installer

Owner Name _____ Permit # _____

Email _____ Phone # _____

Property Address _____

If more than one person has responsibility for installation of the items on this certificate, each person shall prepare and sign a certificate applicable to the portion of construction for which they are responsible; alternatively, the person with chief responsibility for construction shall prepare and sign this certificate for the entire construction. All applicable Mandatory Measures with check boxes require to be checked to ensure the mandatory measures have been met.

Verify compliance with Title 24 requirement

1. Slab Edge or Raised Floor

Material _____ Brand _____

Thickness (inches) _____ R-Value _____

2. Exterior Wall

Batt /Blanket Insulation Brand _____ R-value _____

Blown in Type Brand _____ Thickness (inches) _____ R-Value _____

Spray Foam (check one): Open Cell or Closed Cell

Brand _____ Thickness (inches) _____ R-Value _____

3. Ceiling Insulation

Batt /Blanket Insulation. Brand _____ R-value _____

Blown-in Type Brand _____ Thickness (inches) _____ R-Value _____

Spray Foam (check one): Open Cell or Closed Cell

Brand _____ Thickness (inches) _____ R-Value _____

4. Attic Roof Insulation

Batt /Blanket Insulation Brand _____ R-value _____

Blown-in Type Brand _____ Thickness (inches) _____ R-Value _____

Spray Foam (check one): Open Cell or Closed Cell

Brand _____ Thickness (inches) _____ R-Value _____

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- **I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.**

Company Name _____

Responsible Person's Name _____

Responsible Person's Signature _____

CSLB # _____ Date _____ Title _____

Company Name _____

Responsible Person's Name _____

Responsible Person's Signature _____

CSLB # _____ Date _____ Title _____

Company Name _____

Responsible Person's Name _____

Responsible Person's Signature _____

CSLB # _____ Date _____ Title _____

Email all documents to buildingdocs@chicoca.gov or upload to the [digital plan submittal link](#).