



DAWSON COUNTY BUILDING INSPECTIONS
INSULATION AFFIDAVIT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE BUILDING INSPECTIONS/ PERMIT OFFICE AFTER THE INSULATION IS INSTALLED AND THREE(3) BUSINESS DAYS PRIOR TO THE REQUEST FOR A FINALINSPECTION.

BUILDING PERMIT # _____

ADDRESS _____

PARCEL # _____ **LOT #** _____

BUILDER (COMPANY NAME): _____

INSULATION CONTRACTOR (COMPANY NAME): _____

TYPE	BATTS	FOIL	LOOSE	FOAM	R-Value	THICK
CEILING						
WALL						
FLOOR						

INSULATION CONTRACTOR-PRINT NAME: _____

SIGNATURE: _____

BUILDER SIGNATURE: _____

By signature above the insulation contractor certifies that they are in compliance with the requirements of the 2015 International Energy Conservation Code with Georgia Amendments for buildings. Anyone willfully violating the Energy Code or misrepresenting information on this form is in violation of state and local law subject to citation, reporting to the state for investigation, and revocation of permit.