

INSULATORS AFFIDAVIT

Forsyth / Monroe County  
Building Department  
52 West Chambers Street  
Forsyth, Ga. 31029

Phone (478) 994-7618 Fax (478) 994-7620

THIS FORM SHALL BE COMPLETED, SIGNED AND SUBMITTED TO THE ABOVE DEPARTMENT PRIOR TO FINAL INSPECTION.

**NO FINAL INSPECTION WILL BE PERFORMED AND NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL THIS IS FORM IS SUBMITTED.**

Please Type Or Print.

General Contractor/Owner Building Permit No: \_\_\_\_\_  
(Number is Required For Affidavit To Be Processed)

Name Of General Contractor/Owner: \_\_\_\_\_

Project Address: \_\_\_\_\_

\_\_\_\_\_ R Value (Floor Space)      \_\_\_\_\_ Depth of Blown Insulation (Ceilings)  
\_\_\_\_\_ R Value (Ceilings)      \_\_\_\_\_ Thickness of Batts (Ceilings)  
\_\_\_\_\_ R Value (Walls)

Insulator's Name: \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_