



# Spray Foam Insulation Application & Information

## APPLICANT INFORMATION

Date: \_\_\_\_\_

Company Installing Insulation: \_\_\_\_\_

Contact Person/ Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

## JOB SITE PRODUCT INFORMATION

Manufacturer of Spray Foam Product: \_\_\_\_\_

Product Name: \_\_\_\_\_

Type: Closed cell \_\_\_\_\_ Open cell \_\_\_\_\_ Thickness Installed \_\_\_\_\_ R-Value \_\_\_\_\_

ICC ES Report Number: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Date Installed: \_\_\_\_\_

Installers Name: (Print) \_\_\_\_\_

This product has/will be installed per the manufacturer's installation instructions to comply with applicable energy codes. By signing this form, I attest that I am authorized by the manufacturer to install this product.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of the ICC Evaluation Services Report (ESR) to this form. Note: Lee County requires an installation certificate to be signed, dated, and posted by the installer in a conspicuous location per section R303.1.1.1 of the International Energy Conservation Code.