

MORTON TOWNSHIP BUILDING DEPARTMENT

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**INSULATION INSTALLATION AFFIDAVIT**

BUREAU OF CONSTRUCTION CODES - Michigan Uniform Energy Code Rules Part 10

Rule 1071. Materials and equipment; identification; insulation installation.....

(2) For each piece of building envelope insulation that is 12 inches or more in width shall have a manufacturer-applied thermal resistance (R) identification mark or the insulation installer shall provide a signed and dated certification for the insulation installed in each element of the building envelope. The certification shall list the type of insulation, the manufacturer, and the R-value. For blown-in or sprayed insulation the installer shall also provide all of the following information:

- (a) the initial installed thickness. (b) the settled thickness. (c) the coverage area. (d) the number of bags installed.

For all Types of Insulation provide the following information:

Date of Installation: \_\_\_\_\_ Address of Installation: \_\_\_\_\_

As per the Bureau of Construction Codes, Rule 1071.(2), please provide a signed, dated and accurately completed installation receipt, noting all of the following information:

- (1) Type of Insulation Installed: \_\_\_\_\_
- (2) The Insulation Manufacturer: \_\_\_\_\_
- (3) The R-Value of the Insulation Installed: \_\_\_\_\_

If the Insulation is blown-in or sprayed, please provide the following:

- (a) The initial installed thickness: \_\_\_\_\_
- (b) The settled thickness: \_\_\_\_\_
- (c) The square footage of coverage area: \_\_\_\_\_
- (d) The number of bags installed: \_\_\_\_\_

Note: The applicator shall cut the manufacturer's coverage chart from a bag installed and with this affidavit, staple them to a rafter or truss directly above the attic access hole. A copy of this affidavit shall be provided to the Building Official at the final inspection for a Certificate of Occupancy to be issued.

**APPLICATORS INFORMATION:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICATOR  
INSTALLATION

\_\_\_\_\_  
DATE OF