

Permit Number: _____



WASHOE COUNTY
COMMUNITY SERVICES DEPARTMENT
Planning & Building Division
Building Program

1001 EAST 9TH STREET
PO BOX 11130
RENO, NEVADA 89520-0027
PHONE (775) 328.2020
FAX (775) 328.6132
Permit status: www.onenv.us

FOAM INSULATION CHECKLIST

Changing the type of insulation from the type specified on your approved plans requires a revision to be submitted to Washoe County Building and Safety for review and approval prior to your insulation inspection.

1. Product name. _____

2. Will the same product be used at all locations? Yes No

3. If you answered no above, please list the product for the following locations:

- a. Attic roof _____
- b. Attic walls _____
- c. Exterior walls _____
- d. Floor _____

4. Provide ESR report(s) or ESR report number(s). _____

5. What is the thickness of the foam? Walls _____ Roof _____ Floor _____

6. What is the R value of the foam? Walls _____ Roof _____ Floor _____

7. Does this product qualify as a vapor retarder? Yes No

8. What is the flame spread index (max 75)? _____

9. What is the smoke developed index (max 450)? _____

10. How will the thermal barrier requirements be met?

Roof: _____

Attic Walls: _____

Walls: _____

Floor: _____

11. Provide revised energy calculations, if "R" values are reduced below the approved Energy Compliance Report.

12. Provide installer certification when required by ESR report.