

**Your Company Name**

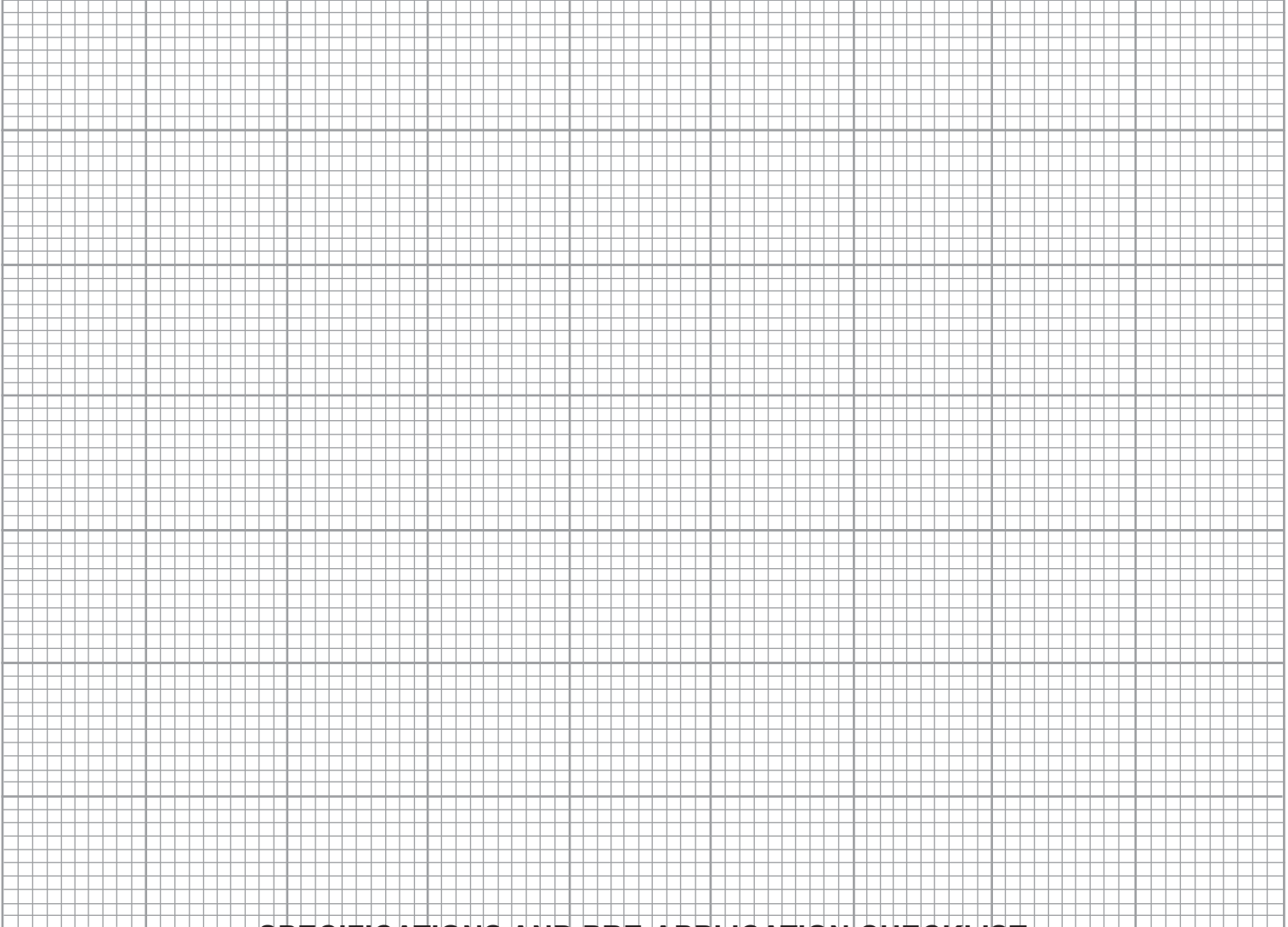
Address  
City, State Zip  
**Phone Number(s)**

**INSPECTION REPORT**

OWNER'S NAME \_\_\_\_\_ OCCUPANT \_\_\_\_\_ DATE \_\_\_\_\_

TREATING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ INSPECTED BY \_\_\_\_\_



**SPECIFICATIONS AND PRE-APPLICATION CHECKLIST**

TYPE OF STRUCTURE  SLAB  CRAWL  BASEMENT  NEW  EXISTING

INSULATION TO BE INSTALLED  ATTIC  WALLS  SUB-FLOOR Visible Evidence of Roof Leaks?  Yes  No If yes, Location \_\_\_\_\_

TYPE INSULATION TO INSTALL  CELLULOSE  OTHER-DESCRIBE \_\_\_\_\_ CLEARANCE IN ATTIC: \_\_\_\_\_ FEET

SQUARE FEET Attic \_\_\_\_\_ Walls \_\_\_\_\_ Sub-Floor \_\_\_\_\_

INSTALL INCHES INSULATION Attic \_\_\_\_\_ Walls \_\_\_\_\_ 2 x 4  2 x 6  2 x 8  Sub-Floor \_\_\_\_\_ 16" O.C.  24" O.C.

RECESSED LIGHTS  Yes  No

If yes, location \_\_\_\_\_

CHIMNEY  Yes  No

If yes, location \_\_\_\_\_

FLUE PIPES  Yes  No

If yes, location \_\_\_\_\_

| VENTILATION IN ATTIC                                     |                      |                                  |                               |                   |  |
|--|----------------------|----------------------------------|-------------------------------|-------------------|--|
| Does structure have proper ventilation?                  |                      |                                  |                               |                   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                                  |                               |                   |  |
| Currently in Attic                                       |                      | Additional Vents Needed          |                               | Types Recommended |  |
| # Roof Vents _____                                       | # Roof Vents _____   | <input type="checkbox"/> Ridge   | <input type="checkbox"/> Disc |                   |  |
| # Soffit Vents _____                                     | # Soffit Vents _____ | <input type="checkbox"/> Gable   | <input type="checkbox"/> Hip  |                   |  |
| Square Inches of Gable Vents _____                       |                      | <input type="checkbox"/> Turbine |                               |                   |  |

| CURRENT AMOUNT (AVERAGE) OF INSULATION |      |        |      |           |      |
|--|------|--------|------|-----------|------|
| ATTIC                                  |      | WALLS  |      | SUB-FLOOR |      |
| INCHES                                 | TYPE | INCHES | TYPE | INCHES    | TYPE |
|  |      |        |      |           |      |

Attic Accessible?  Yes  No  
Type of Access/Location of Access \_\_\_\_\_