

Permit Number: \_\_\_\_\_



**Washoe County**  
**Department of Building & Safety**  
1001 E. Ninth Street  
P.O. Box 11130



**Reno, NV 89520-0027**  
**Phone (775) 328-2020**  
**FAX (775) 328-6132 or FAX (775) 325-8016**  
[www.washoecounty.us/bldgsafety](http://www.washoecounty.us/bldgsafety)

## 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.