



Foam Plastics Checklist

For residential applications in the City of Austin

Section 1: Project Information

Permit Number: _____

Project Street Address (or range):

Zip: _____

Products Used: _____

Test Report & Number: _____

Section 2: Applicator Information

Applicator or Contractor: _____

Firm: _____

Section 3: Application Information

	Vertical Surfaces	Roof Surfaces
Thickness		
R-Value		
Sq. Ft. Area		

Attic Utilities Present? Yes No

Storage in Attic? Yes No

Section 4: Acknowledgement

Applicator Signature: _____

Date: _____

SAVE Form