



City of Yellowknife

Spray Foam Insulation Requirements Form

(Spray-applied rigid polyurethane foam insulation)

Please complete the Permit number:

PR-

For **INFORMATION**, please call: **(867)920-5600**

Email: BuildingServices@yellowknife.ca
 Mail: PO Box 580, Yellowknife, NT X1A 2N4

Project Address:		
Installer:	Phone:	Email:
Builder:	Phone:	Email:

Product	CCMC Listing or Report # _____ Manufacturer _____ Colour _____ CCMC approved for use as: Insulation <input type="checkbox"/> Vapour Barrier <input type="checkbox"/> Air Barrier <input type="checkbox"/> Low Density (open cell) <input type="checkbox"/> Medium Density (closed cell) <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> RSI/mm (or R/in) _____ Complies with NBC 9.25.2.2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Foamed Plastic Insulation has been or will be protected as per NBC 3.1.4.2. and 9.10.17.10. Yes <input type="checkbox"/> No <input type="checkbox"/> Additional information may be required	Thermal Barrier
	Have the plans, details and specifications been reviewed and sealed by a registered design professional (Architect or Engineer)? Yes <input type="checkbox"/> No <input type="checkbox"/>	RDP Involved	
Vapour Permeance	Will the sprayfoam insulation form a vapour barrier? Yes <input type="checkbox"/> No <input type="checkbox"/> Minimum thickness of _____ mm to attain a water vapour permeance of 60 ng/(Pa·s·m ²) as per NBC 9.25.4.2.1)	Spray foam insulation applied to the underside of the roof sheathing in an attic, and in similar enclosed spaces; Describe how the insulation maintains continuity. Indicate how will this requirement will be met:	Continuity of Installation
Application	Where will the spray foam be applied? _____ Thickness (mm)? _____		
Safety	Buildings cannot be occupied for 24 hours – Manufacturer’s safety protocols have been followed: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Installation Label	A “ Label ” has been placed on the job site as required by CAN/ULC- S705.2; Yes <input type="checkbox"/> No <input type="checkbox"/>		
Installer	Installing Company: _____ Certified Installer: _____ Signed by (Print) : _____	Date: _____ ID #: _____ Signature: _____	