

REQUIRED INFORMATION

DATE		MANUFACTURED HOME MODEL NUMBER	
CONTRACTOR NAME		MANUFACTURED HOME SERIAL NUMBER	
WEATHERIZATION AGENCY		DATE OF MANUFACTURE	
SITE ADDRESS		HUD CLIMATE ZONE	
COUNTY			

DESCRIPTION OF WORK PERFORMED: Fill out all applicable information

ADDED INSULATION LOCATION (Cellulose not allowed)	ADDED INSULATION TYPE	ORIGINAL R-VALUE	ADDED R-VALUE	TOTAL POST RETROFIT R-VALUE	COVERAGE AREA (ft. 2)	INSULATION THICKNESS (in)	BAG COUNT
ATTIC 1							
ATTIC 2							
FLOOR 1							
FLOOR 2							
BELLY REPAIR LOCATION	BELLY MATERIAL TYPE	MATERIAL BURST RATING	SQUARE FOOTAGE OF BELLY REPAIR		ADDED ATTIC VENTILATION (Do not add venting to sealed cavity roof design)		
REPAIR 1					ADDED VENTING TYPE		
REPAIR 2					In. 2 OF ADDED VENTING		

	Location	Original U value	Installed U value		Location	Original U value	Installed U value
Window 1				Door 1			
Window 2				Door 2			
Window 3				Door 3			
Window 4				Window 9			
Window 5				Window 10			
Window 6				Window 11			
Window 7				Window 12			
Window 8							

Minnesota Dept. of Commerce
 Plan Review Number: MFG1707-00043
 Plan Number: WX Insulation Approvals
 REVIEWED FOR COMPLIANCE WITH

THE REGULATIONS OF THE CONSTRUCTION CODES AND LICENSING DIVISION AND THE DEPARTMENT OF LABOR AND INDUSTRY STATE OF MINNESOTA

BY: *Alonai Rose* DATE: 07/20/17

ON SITE CONSTRUCTION IS SUBJECT TO LOCAL AUTHORITY

Signature of Installer _____

 85th 7th Place East – Suite 280 – Saint Paul, MN 55101 |

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