



Insulation

Project Information Form

Residential

For electrically heated existing single-family and existing manufactured homes
Must be installed by a licensed and bonded contractor

Instructions: Complete this form and submit it and all required documentation to email: dalynd@cityofmccleary.com

CUSTOMER INFORMATION

Customer Electric Utility	Account Number		
Account Holder Name	Phone		
Installation Street Address	City/State/Zip		
Homeowner Name (if different)	Phone		
Mailing/Homeowner Address (if different)	City/State/Zip		
Email			
Payee For Rebate If Different From Customer	Installer	Other	
Home Type *Contact Utility for Multifamily	<input type="checkbox"/> Existing Site Built <input type="checkbox"/> Existing Manufactured Home	Year Home Built	Sq Ft of Home
Eligible Existing Heating System	<input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Electric Zonal *		

*Includes electric, non-ducted: Ceiling cable, wall, baseboard, plug-in and an electric boiler/water heater attached to a hydronic floor heating system.

INSTALLER INFORMATION

Contractor Name	License #
Contractor Address	Total Project Cost

INSULATION INFORMATION

<input type="checkbox"/> Attic Insulation	
<input type="checkbox"/> Beginning R-value floor space 1	_____
<input type="checkbox"/> Ending R-value floor space 1	_____ Total Sq Ft _____
<input type="checkbox"/> Beginning R-value floor space 2 (if applicable)	_____
<input type="checkbox"/> Ending R-value floor space 2 (if applicable)	_____ Total Sq Ft _____
<input type="checkbox"/> Wall Insulation	
<input type="checkbox"/> Beginning R-value floor space 1	_____
<input type="checkbox"/> Ending R-value floor space 1	_____ Total Sq Ft _____
<input type="checkbox"/> Beginning R-value floor space 2 (if applicable)	_____
<input type="checkbox"/> Ending R-value floor space 2 (if applicable)	_____ Total Sq Ft _____
<input type="checkbox"/> Floor Insulation	
<input type="checkbox"/> Beginning R-value floor space 1	_____
<input type="checkbox"/> Ending R-value floor space 1	_____ Total Sq Ft _____
<input type="checkbox"/> Beginning R-value floor space 2 (if applicable)	_____
Ending R-value floor space 2 (if applicable)	_____ Total Sq Ft _____

R-value Requirements

Home Type	Insulation	Observed Existing Insulation Range	Measure Starting R-Value	Measure Ending R-Value
Single Family	Attic	R-0 to R-7 R-8 to R-11 R-12 to R-19 R-20 to R-30	R-0 R-11 R-19 R-30	R-38 to R-49 R-38 to R-49 R-38 to R-49 R-38 to R-49
	Floor	R-0 to R-11	R-0	R-19, R-25 or R-30
	Wall	No insulation present	R-0	R-11
Manufactured	Attic	R-0 to R-7 R-0 to R-11 R-12 to R-17	R-0 R-0 R-11	R-22 or max possible R-22 or max possible R-30 or max possible
	Floor	R-0 to R-7 R-8 to R-11	R-0 R-11	R-22 or max possible R-22 or max possible

Required Documentation

Project Information Form
Contractor invoice: Must include date of installation, installed cost, existing R-value per type of insulation, new R-value per type of insulation, total sq ft of insulation per type installed
Must provide Pre and Post Photos of existing insulation and installed insulation

Updated: February 2025