

AIR BARRIER & INSULATION CHECKLIST

THIS IS NOW

MANDATORY

AS PER THE STATE

OF NEW JERSEY

October 16, 2019

PERMIT # _____

LOT: _____ BLOCK: _____

AIR BARRIER AND INSULATION CHECKLIST

In the checklist below, **AB** and **I** stand for the *air barrier* and *insulation* inspection components to be verified. The local code official will always verify the **I** components. In the case where the local code official is not verifying the **AB** components, they may be verified by a person independent of the insulation installer, or by the use of a blower door test.

If the permit holder has elected use of a blower door test, documentation of test results verifying air leakage less than 3 air changes per hour when tested per RESNET/ICC 380, ASTM E 779 or ASTM E 1827 and reported at a pressure of 0.2 w.g. (50 Pa) shall be submitted with this checklist. A passing test demonstrates that the **AB** components are verified.

| COMPONENT | CRITERIA | | Y, N, or N/A | COMMENTS | INITIALS | DATE |
|---|----------|---|--------------|----------|----------|------|
| <i>Floors (including above-garage and cantilevered floors)</i> | | | | | | |
| General | I | Insulation is installed to maintain permanent contact with underside of subfloor decking. | | | | |
| | AB | Air barrier is installed at any exposed edge of insulation. | | | | |
| Rim joists | AB | Rim joists include an air barrier. | | | | |
| | I | Rim joists are insulated. | | | | |
| <i>Walls</i> | | | | | | |
| General | I | Corners and headers are insulated. | | | | |
| | AB | Junction of foundation and sill plate is sealed. | | | | |
| Crawl space walls | I | Insulation is permanently attached to walls. | | | | |
| | I | Exposed earth in unvented crawl spaces is covered with Class I vapor retarder with overlapping joints taped. | | | | |
| Windows and doors | AB | Space between window/door jambs and framing is sealed. | | | | |
| Garage separation | AB | Air sealing is provided between the garage and conditioned spaces. | | | | |
| Plumbing and wiring | I | Insulation is placed between outside and pipes. Batt insulation is cut to fit around wiring and plumbing, or sprayed/blown insulation extends behind piping and wiring. | | | | |
| Shower/tub on exterior wall | I | Showers and tubs on exterior walls have insulation. | | | | |
| | AB | Showers and tubs on exterior walls have an air barrier separating them from the exterior wall. | | | | |
| Electrical/phone box on exterior walls | AB | Air barrier extends behind boxes or air sealed-type boxes are installed. | | | | |
| Ceiling/Attic | | | | | | |
| Skylights | AB | Space between skylight framing is sealed. | | | | |

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| COMPONENT | | CRITERIA | Y, N, OR N/A | COMMENTS | INITIALS | DATE |
|---------------------------------|----|---|--------------|----------|----------|------|
| Ceiling/Attic | | (continued) | | | | |
| General | AB | Air barrier in any dropped ceiling/soffit is substantially aligned with insulation and any gaps are sealed. | | | | |
| | AB | Attic access (except unvented attic), knee wall door, or drop down stair is sealed. | | | | |
| Recessed lighting | I | Recessed light fixtures penetrating the thermal envelope are air tight, IC-rated, and sealed to drywall. | | | | |
| Other/All | | | | | | |
| Air barrier and thermal barrier | I | Exterior thermal envelope insulation for framed assemblies is installed in substantial contact and continuous alignment with building envelope air barrier. | | | | |
| | AB | Breaks or joints in the air barrier are filled or repaired. | | | | |
| | I | Air-permeable insulation is not used as a sealing material. | | | | |
| | AB | Air-permeable insulation is inside of an air barrier. | | | | |
| Shafts, penetrations | AB | Duct shafts, utility penetrations, knee walls and flue shafts opening to exterior or unconditioned space are sealed. | | | | |
| Narrow cavities | I | Batts in narrow cavities are cut to fit, or narrow cavities are filled by sprayed/blown insulation. | | | | |
| HVAC register boots | AB | HVAC register boots that penetrate building envelope are sealed to subfloor or wall/ceiling covering. | | | | |

CODE OFFICIAL: _____ SIGNATURE: _____ DATE: _____

NAME & COMPANY: _____ SIGNATURE: _____ DATE: _____

PERMIT # _____

LOT: _____ BLOCK: _____

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

- BOLTS
- SPACING
- SIZE
- STRAPS
- SPACING (PER MANUFACTURER'S SPECS)
- SIZE

2. SILL PLATES:

- SIZE
- GRADE, SPECIES
- TREATMENT
- LAPS
- SILL SEALER
- PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)
- TERMITE PROTECTION

3. BEAM POCKETS:

- BEARING/SHIMS
- TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

- SIZED PER PLAN
- ATTACHMENT/PLATES
- SPACING/LOCATION
- PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|--|--|--|--|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> | SIZE |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | GRADE, SPECIES |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | SINGLE OR DOUBLE |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | PRE-ENGINEERED PER MANUFACTURER'S SPECS |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | CANTILEVERS AS PER DESIGN |

2. GIRDERS AND BEAMS:

- SIZED PER PLAN
- TYPE
- GRADE, SPECIES
- LOCATION AND RELATION TO THE PLAN
- NAILING
- ATTACHMENT SCHEDULE
- BEARING
- LAPPING

3. FLOOR JOIST:

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|--|--|--|--|--|
| <input type="checkbox"/> <input checked="" type="checkbox"/> | SIZED PER PLAN |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | GRADE, SPECIES |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | PRE-ENGINEERED COMPONENTS AS SPECIFIED |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | BEARING |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | NAILING |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | BRIDGING |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | CUTTING AND NOTCHING (AS PER CODE) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | POINT LOADS - SUPPORTED AS PER PLAN |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | SPAN HANGERS |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | HEADERS |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | FRAMED OPENINGS |

4. FLOORING, SHEATHING, OR DECKING:

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|--|--|--|--|--|
| MATERIAL | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | PANEL SPAN, THICKNESS |

5. STAIR ATTACHMENT:

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR |
|--|--|--|--|---------|
| <input type="checkbox"/> <input checked="" type="checkbox"/> | BEARING |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | NAILING |

SPECIAL REQUIREMENTS

- EDGE BLOCKING (IF REQUIRED)
- GAPPING
- LAYOUT

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: _____

Building Inspector Initials: _____

Date: _____

C. WALL FRAMING**1. EXTERIOR WALL FRAME:**

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR | SIZE |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | SPACE |
| <input type="checkbox"/> | SPECIES AND GRADE |
| <input type="checkbox"/> | CUTTING, NOTCHING AND BORING |
| <input type="checkbox"/> | HEADER SIZES |
| <input type="checkbox"/> | JACK STUD BEARING |
| TOP PLATES | | | | | |
| <input type="checkbox"/> | NAILING |
| <input type="checkbox"/> | LAPS |
| <input type="checkbox"/> | RAFTER TIES |
| <input type="checkbox"/> | HURRICANE STRAPS (AS REQUIRED) |

2. INTERIOR LOAD-BEARING WALLS:

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR | SIZE |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | SPACE |
| <input type="checkbox"/> | LAYOUT - SUPPORT BELOW PER CODE |
| <input type="checkbox"/> | SPECIES AND GRADE |
| <input type="checkbox"/> | CUTTING, NOTCHING AND BORING |
| <input type="checkbox"/> | HEADER SIZES |
| <input type="checkbox"/> | JACK STUD BEARING |
| TOP PLATES | | | | | |
| <input type="checkbox"/> | NAILING |
| <input type="checkbox"/> | LAPS |
| <input type="checkbox"/> | STRAPPING |

3. INTERIOR NON-LOAD-BEARING WALLS:

| 1 ST | 2 ND | 3 RD | 4 TH | FLOOR | SIZE |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | SPACE |
| <input type="checkbox"/> | SPECIES AND GRADE |
| <input type="checkbox"/> | CUTTING, NOTCHING AND BORING |
| <input type="checkbox"/> | HEADER SIZES |
| <input type="checkbox"/> | TOP PLATE NAILING |

D. ROOF FRAMING**1. TRUSS ROOF FRAMING (AS PER DESIGN):**

APPROVED DOCUMENTS WHICH SHOW:

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | LAYOUT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | TRUSS MEMBERS |
| <input type="checkbox"/> | <input type="checkbox"/> | CONNECTION SCHEDULE |
| <input type="checkbox"/> | <input type="checkbox"/> | PERMANENT BRACING DETAILS |
| <input type="checkbox"/> | <input type="checkbox"/> | DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS |
| <input type="checkbox"/> | <input type="checkbox"/> | EQUIPMENT/APPLIANCES ON MAN- UFACTURER'S DRAWINGS |
| <input type="checkbox"/> | <input type="checkbox"/> | LOCATION AS PER LAYOUT |
| <input type="checkbox"/> | <input type="checkbox"/> | ALIGNMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | BEARING |
| <input type="checkbox"/> | <input type="checkbox"/> | SPACING |
| <input type="checkbox"/> | <input type="checkbox"/> | CONNECTIONS TO BEARING POINTS |
| <input type="checkbox"/> | <input type="checkbox"/> | NO CONNECTION TO NON-BEARING POINTS |
| <input type="checkbox"/> | <input type="checkbox"/> | DAMAGE AND DEFECTS |
| <input type="checkbox"/> | <input type="checkbox"/> | ENGINEERED METHOD OF REPAIR |

**2. PERMANENT TRUSS-TO-TRUSS BRACING
(AS PER DESIGN):**

| | | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | LAYOUT |
| <input type="checkbox"/> | <input type="checkbox"/> | SIZE |
| <input type="checkbox"/> | <input type="checkbox"/> | TYPE |
| <input type="checkbox"/> | <input type="checkbox"/> | NAILING |
| <input type="checkbox"/> | <input type="checkbox"/> | OVERLAP |
| <input type="checkbox"/> | <input type="checkbox"/> | TERMINATION |
| <input type="checkbox"/> | <input type="checkbox"/> | TRANSITION (I.E., CROSS) BRACING |

3. GABLE END BRACING (AS PER DESIGN):

| | | |
|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | LAYOUT |
| <input type="checkbox"/> | <input type="checkbox"/> | SIZE |
| <input type="checkbox"/> | <input type="checkbox"/> | TYPE |
| <input type="checkbox"/> | <input type="checkbox"/> | NAILING |
| <input type="checkbox"/> | <input type="checkbox"/> | OVERLAP |
| <input type="checkbox"/> | <input type="checkbox"/> | TERMINATION |

4. SOLID SAWN ROOF FRAMING:

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | SIZE |
| <input type="checkbox"/> | <input type="checkbox"/> | GRADES, SPECIES |
| LAYOUT | | |
| <input type="checkbox"/> | <input type="checkbox"/> | SPACING |
| <input type="checkbox"/> | <input type="checkbox"/> | SPAN |
| <input type="checkbox"/> | <input type="checkbox"/> | BEARING |
| <input type="checkbox"/> | <input type="checkbox"/> | FASTENING |
| <input type="checkbox"/> | <input type="checkbox"/> | DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOENAILS) |
| <input type="checkbox"/> | <input type="checkbox"/> | CUTTING, NOTCHING, AND BORING |
| <input type="checkbox"/> | <input type="checkbox"/> | BRIDGING |
| <input type="checkbox"/> | <input type="checkbox"/> | RIDGE SIZE |
| <input type="checkbox"/> | <input type="checkbox"/> | HURRICANE TIES WHERE APPLICABLE |

E. SHEATHING**1. SHEATHING - EXTERIOR WALLS:**

MATERIAL

| | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | PANEL SPAN, THICKNESS |
|--------------------------|--------------------------|-----------------------|

SPECIAL REQUIREMENTS

| | | |
|--------------------------|--------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | GAPPING |
| <input type="checkbox"/> | <input type="checkbox"/> | LAYOUT |

B. CORNER BRACING (IF REQUIRED)

2. SHEATHING - ROOF:

MATERIAL

| | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | PANEL SPAN, THICKNESS |
|--------------------------|--------------------------|-----------------------|

SPECIAL REQUIREMENTS

| | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | BLOCKING, EDGE (IF REQUIRED) |
| <input type="checkbox"/> | <input type="checkbox"/> | CLIPS (IF REQUIRED) |

SHEATHING, FRT - ROOF

| | | |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | FOUR FEET FROM FIREWALL |
|--------------------------|--------------------------|-------------------------|

| | | |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | NONCORROSION FASTENERS |
|--------------------------|--------------------------|------------------------|

Building Inspector _____

Initials: Resp. Person in Charge of Work _____