



**DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING - BUILDING INSPECTIONS – ZONING**

EIFS PROJECT CHECK LIST

INSTRUCTIONS FOR USE

1. The original form must be completed and submitted to this office. A faxed copy will not be accepted.
2. All pages of the checklist are to be completed and signed by the builder and EIFS applicator.
3. Any “NO” response should be explained in greater detail (use the back of the form or a separate piece of paper). A date for the resolution is to be added, the party responsible named and, when the item is completed, change the response to “YES”, initial and date it.

YES NO

e.g. “Kick-Out” flashing installed?

4. Explanation:

a) to be installed by EIFS Installer

Or

b) to be installed by roofer before July 12, 1997

5. EIFS installation should not proceed until all concerns have been resolved.
6. All resolutions should be recorded, dated and signed by builder and EIFS installer.
7. At the completion of the EIFS installation a package consisting of completed forms, maintenance instructions and warranties should be given to builder.

**CITY OF FRANKLIN VIRGINIA
EFIS PRE-START CHECK LIST**

BUILDING PERMIT #: _____ **ADDRESS:** _____

YES **NO**

1. Chimney cap flashing installed?
2. Cricket Installed and flashed?
3. Step flashing installed at chimney base?
4. Adequate roof overhang to protect walls?
5. Step flashing installed at lower roof?
6. "Kick-out" flashing installed?
 - a. How many? _____
7. Sheathing type _____
8. Is sheathing clean, straight, dry, adequately fastened and sound?
9. Are sheathing joints staggered?
10. Is a 3/4" gap provided in the sheathing at each floor line?
11. Are all rough door and window openings protected?
12. Window manufacturer _____
Code Compliance report available?
13. Are windows installed?
 - a. Numbers of windows _____
 - b. Number of ganged windows _____
14. Do windows appear to be properly installed and in good condition?
15. Has window flashing been installed?
16. Are all connections (balconies decks, handrails, etc) identified and properly prepared (e.g. flashed, blocked, etc)?
17. Are all penetrations installed?
18. Are any details unclear?
(list and/or sketch on extra paper)
 - a. Number of details to be resolved _____

It is recommended that all details involving other trades be discussed with the builder and the other trade prior to the start of work.

Print Name: _____ **Print Name:** _____

Signed _____ **Date:** _____ **Builder** _____ **Date:** _____

**CITY OF FRANKLIN VIRGINIA
EIFS PRE-START CHECK LIST**

YES

NO

1. All materials supplied by one manufacturer, in original packaging and accompanied by appropriate code report? (ICC)
2. EPS insulation certified to meet EIMA specifications?
3. Materials stored as per manufacturer's specifications?
4. Installed materials protected from inclement weather?
5. Supplementary heat provided for installations below 40° F?
6. System termination 2" above shingles?
7. Back-wrapping around kick-out flashing?
8. Back-wrapping at all system terminations?
9. EPS exposed edges covered with base coat and mesh?
10. Gaps in EPS greater than 1/16" filled with foam slivers?
11. Insulation installed in a staggered, running bond, offset from the sheathing joints?
12. Total surface of insulation rasped?
13. Minimum 3/4" insulation at all points after rasped?
14. Double base coat and mesh at all outside and inside corners?
15. Reinforcing mesh installed so mesh color is not visible?
16. 3/4" joint at floor lines?
17. Minimum 6:12 slope on all exposed features?
18. Windows flashed?
19. 1/2" joint around all windows?
20. Back-wrapping at all penetrations (windows, A/C units)?
21. 1/2" joint around all penetrations?
22. High-impact mesh installed where applicable?
23. System terminated minimum 8" above grade?

Print Name: _____ Print Name: _____

Signed _____ Date: _____ Builder _____ Date: _____

NOTE: Explain any "NO" answer on the back of this form



Department of Community Development
Planning - Building Inspections – Zoning

**APPLICATOR CERTIFICATION OF
EXTERIOR INSULATION FINISH SYSTEM (EIFS).**

The original form must be completed and submitted by the approved applicator of the EIFS prior to issuance of Certificate of Occupancy (C/O). A faxed copy will not be accepted.

_____ **Building Permit #**

System installed at _____ **Address** _____ **Lot #**

_____ **Block #** _____ **Section #** _____ **Subdivision Name**

I hereby certify that the EIFS System was installed properly and in accordance with the Manufacturers Specifications and Recommendations that I have personally inspected the following items and certify to their proper installation and workmanship:

- A. **Condition of Substrate: (Initial Each Item)**
- _____ 1. **Flatness (1/4" within 10'- 0")**
- _____ 2. **Cleanliness**
- _____ 3. **Condition of sheathing material, including gypsum boards**
 - _____ a. **Dry**
 - _____ b. **Paper Attached**
- _____ 4. **Appears to be properly attached to building frame**

B. Adhesive

- ___ 1. Correct brand, type**
- ___ 2. Cleanliness**
- ___ 3. Proper storage**
- ___ 4. Correct ingredient mix**

C. Application of Adhesive

- ___ 1. Ambient/substrate temp. (min 40 degrees)**
- ___ 2. Thickness of application (min. 3/16")**
- ___ 3. Cure/dry/time/temp. (min 40 degrees for a period of 24 hrs.)**
- ___ 4. Application of attaching layer (insulation board)**
 - ___ a. Within limit after adhesive application**
 - ___ b. Full contact with substrate**
- ___ 5. Configuration of application**
 - ___ a. Full coverage of the foam plastic board is required for gypsum substrate**

D. Insulation Board

- ___ 1. Labeled in accordance with limitations 4.4 and 4.5**
- ___ 2. Manufacturer of the raw material in compliance with the manufacturer's requirements, and this research report**

E. Application of Insulation Boards

- ___ 1. Substantial contact of board to substrate**
- ___ 2. Boards tightly abutted, or proper gap for joint design**
- ___ 3. Gaps filled with proper material**

F. Application of Coatings

- ___ 1. Mix proportions**
- ___ 2. Ambient/surface temp. for application (min. 40 degrees F.)**
- ___ 3. Cure temp./temp (min. 40 degrees F. for a period of 24 hours)**
- ___ 4. Thickness of layer(s):**
 - ___ a. Base coat (min 1/16" thick)**
 - ___ b. Finish coat**

G. Application of Mesh

- ___ 1. Fully embedded in base coat**
- ___ 2. Fully covered in accordance with the manufacturer's recommendations**
- ___ 3. Material meets manufacturer's requirements**

H. Flashing Details

- ___ 1. Proper installation in accordance with the drawings**

I. Applications of Sealants/caulks

- _____ 1. In accordance with the specified configuration**
- _____ 2. Sealants (caulks as specified)**
- _____ 3. Shelf life not exceeded**
- _____ 4. Joint configuration in accordance with the drawings and specs**
- _____ 5. Cure temp./time (min. 40 degrees F. for a period of 24 hours)**
- _____ 6. Application of primer (min 40 degrees F. for., allow to cure for 5 to 10 minutes)**

Signature of Certified Installer

Address

Telephone #

Name of EIFS System Installed

Approved Training Program By: _____

EIMA Trained: _____