



PAINT-ON VAPOR BARRIER COMPLIANCE STATEMENT

(ALL SPACES MUST BE COMPLETED)

PROJECT PERMIT NUMBER _____ DATE _____

PARCEL NUMBER _____

SUBDIVISION NAME _____

This certifies that the above residence will have a "paint-on" vapor barrier. The vapor barrier will be applied to the (circle one): Walls Ceilings Walls and ceilings before any cabinets, vanities, or trim of any type has been applied.

The application will be per the manufacturer's specifications.

The hereafter mentioned persons take full responsibility for the use and application of the product and all consequences thereafter.

OWNER _____

GENERAL CONTRACTOR _____

PAINTING CONTRACTOR _____

PRODUCT NAME _____

MANUFACTURE _____

Signature Owner or Agent: _____

Printed Name: _____

For Office Use Only

Received by _____ Date _____ Entered in KPASS _____

_____ Approved _____ Not Approved

By: _____ Date: _____