SIMULATED STONE INSTALLATION FORM

JOB ADDRESS

Lot #: _____

Subdivision:

Street Address: _____

System Trade Name:

_____

Name of System Manufacturer:

_____

Evaluation Report # of Recognized Testing Agency:

_____

Simulated Stone Contractor Information;

Name: _____

Address: _____

Phone: (_ _) _____

Approved contractor number as issued by coating manufacturer: # _____

Failure to complete any of the information requested will result in denial or revocation of occupancy.

This is to certify that the exterior coating system applied to the building exterior at the above address has been installed in accordance *with the* evaluation report specified and the manufacturer's installation instructions.

_____

Name (Print)

_____ _____

Signature of Authorized Representative of Stucco/Plaster Contractor **Date**

This installation approval form must be presented to the building inspector after completion of work and prior to final inspection.