

TOWN OF MARBLETOWN

OFFICE OF BUILDING AND SAFETY

1925 Lucas Ave., Cottekill, NY 12419

PO Box 217, Stone Ridge, NY 12484

845-687-7500 x 3

2020 NYSTRETCH - 2018 IECC

RESCHECK COMPLIANCE SOFTWARE

NYS VERSION 4.41 MUST BE USED AND STATED ON THE PLANS.

REQUIRED VERIFICATION OF AIR SEALING AND INSULATION COMPLIANCE

MUST CHOOSE ONE ON THE FOLLOWING OPTIONS:

OPTION #1 BLOWER DOOR AIR TEST

An ARH 50 infiltration test (less than 3 ARH when tested with a blower door at pressure of 50 Pascals of pressure, in accordance with ASHRAE/ASTM E779)

Type of certification (attach copy):

Name of qualified person: _____

Address: _____

Phone# _____ email address: _____

-OR-

OPTION #2 VISUAL INSPECTION

THIRD INSPECTION SERVICE*, INDEPENDENT INSPECTOR NOT IN THE EMPLOY OF THE GENERAL CONTRACTOR OR THE HOME INSULATION FIRM.

Requires an extensive inspection of the building envelope during the process of construction by the approved third party independent inspector.

Type of certification (attach copy)

Name of Independent Inspector: _____

Address: _____

Phone# _____ email address: _____

- must provide a detailed report and digital format photos, providing dates of inspections, types of insulation product used:
- inspection report to include but not limited to: sill plates, rim joists junctions, headers, attic access openings, all joints, seams penetrations.