



City of Prescott Building Division
Community Development Department
201 N Montezuma Street
Prescott AZ 86301
(928)777-1371

Certified Building Wrap Statement

Date: _____

RE: Certified Building Wrap Installer Letter for:

Address: _____

Permit Number: _____

To Whom It May Concern,

This letter is to serve as certification by (Co. Name) _____ that (Co. or Persons Name) _____ has completed the building wrap installation at the above referenced address with a (Co. Name) _____ building wrap product in accordance with the training received in the (Co. Name) Certification Program.

The specifications for the installation on this project are as follows:

1. The building wrap material used is listed as an approved material for both the moisture and air barrier.

- Manufacturer _____
- Product _____
- ESR/ASTM _____

2. All penetrations through the wrap material have been sealed by means of

- _____

3. The flashing material used is:

- Manufacturer _____
- Product: _____

4. The name of the certified contractor that installed the product is _____

5. Certified _____ Installer ID: _____

6. The name of the individual who observed the installation is _____

7. The date of the installation is _____

The foregoing is submitted in lieu of a Building Wrap Inspection performed by The City of Prescott.

Signature: _____ Date: _____ I understand and acknowledge the above certification and that any falsification of information on this document is a Class II Misdemeanor pursuant to A.R.S. Sec. 13-2704.