

**Larimer County Building Department Stucco Certification Form "A"**

Stucco System Contractor Company Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Completion Date: \_\_\_\_\_ Job Address: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_

The Exterior Insulation and Finish system (EIFS) or Stucco System installed on the structure located at the address indicated above:

\_\_\_\_\_ **CONFORMS** (To EIFS or Stucco system manufacturers recommended installation practices, the appropriate Sections of the Building Code enforced by this jurisdiction, and all such practices outlined in the listed Evaluation Reports for the system used.)

Product Component Names:

Adhesive(s) \_\_\_\_\_  
Fasteners (mech.) \_\_\_\_\_  
Base Coat \_\_\_\_\_  
Reinforcing Fabric/Material(s) \_\_\_\_\_  
Finish Coat(s) \_\_\_\_\_

**Installation**

**Conforms**

Substrate Type & Tolerance \_\_\_\_\_  
Fasteners \_\_\_\_\_  
Insulation \_\_\_\_\_  
Drainage Plain \_\_\_\_\_  
Reinforcing Fabric \_\_\_\_\_  
Base Coat \_\_\_\_\_  
Finish \_\_\_\_\_

The information entered above is offered in testimony that the Stucco or EIFS installation conforms with the manufacturer's installation methods and procedures as well as the manufacturer's listed Evaluation Report(s).

NOTE: An installation report shall be received from the **Sealant Installer** indicating that the sealant installation conforms to the system specific evaluation report and the sealant manufacturer's installation methods and procedures must accompany this declaration. (See **Larimer County Stucco system verification form "B"**.)

Signature of Contractor/Installer and Company Title:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

# **Larimer County Building Department Stucco Certification Form "B"**

**Sealant Installation Contractor - Company Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

Completion Date: \_\_\_\_\_ Job Address: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_

The sealant installed in conjunction with an Exterior Insulation and Finish System (EIFS) or Stucco System installed on the structure located at the address indicated above:

\_\_\_\_\_ **CONFORMS** (To the Stucco System Manufacturer and Sealant Manufacturer's recommended installation practices as given in each manufacturer's listed installation procedures, Evaluation Reports and the Building Code as enforced by this jurisdiction.)

Product Component Names:

Primer(s) \_\_\_\_\_

Sealers \_\_\_\_\_

Bond Breakers \_\_\_\_\_

Sealant Materials \_\_\_\_\_

## INSTALLATION

## CONFORMS

Designer's requirements, details  
and instructions

\_\_\_\_\_

Sealant Manufacturer's details  
and requirements

\_\_\_\_\_

Stucco System Manufacturer's  
requirements

\_\_\_\_\_

The information entered above is offered in testimony that the Sealant installation conforms to the sealant manufacturer's installation methods and procedures, as well as the Stucco or EIFS manufacturer's listed evaluation report.

Signature of responsible company officer or installer: \_\_\_\_\_

Title of Company representative signing this form: \_\_\_\_\_

Telephone number: \_\_\_\_\_