

TOWN OF SPRING LAKE INSULATION PERMIT APPLICATION

PERMIT NO: I- _____

Complete address where work will be performed: _____
Spring Lake, NC. 28390

Permit to be issued to: (Contractor/Business Name) _____
Address: _____ Phone: _____
NC License Number: _____ Spring Lake Business License No: _____

Complete Name of Property Owner: _____
Property Owner's Address: _____
Property Owner's Phone Number: _____

Estimated Cost of Insulation _____		
Exterior Wall Type _____	Thickness _____	R Factor _____
Ceiling Type _____	Thickness _____	R Factor _____
Floor Type _____	Thickness _____	R Factor _____
		Permit Fee \$ _____
		Technology Fee \$ <u>5.00</u>
		Total Permit Fees \$ _____

**A minimum permit fee will be charged if priced items total less then the minimum permit fee.

By signing this insulation permit application, the contractor certifies that all work done will comply with the Insulation and Energy Utilization Standards of the State Building Code and in compliance with all applicable State and Local Regulations.

**YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.
CALL INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE INSPECTION.**

The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.

Signature of Applicant _____ Date _____

Print Name _____

Approved by _____ Date _____

Disapproved by _____ Date _____