

Paid
Date _____

City of Roanoke Rapids INSULATION PERMIT APPLICATION

Contractor _____ Address _____

State License No. _____ Telephone No. _____

Project Information:

Address _____ Residential ___ Commercial ___

If Commercial, project name? _____

Building Owner _____

Owner's Address _____ Telephone _____

Exterior Walls: Type _____ Thickness _____ R Factor _____

Ceiling: Type _____ Thickness _____ R Factor _____

Floor: Type _____ Thickness _____ R Factor _____

(If blown type, contractor also certifies density (weight) is _____ lbs./sq. ft. installed.)

Estimated Cost \$ _____ Building Floor Area _____

Remarks _____

Notes:

- 1- Call for Inspection at proper stage of work.
- 2- Fees to be entered by Inspection Agency.

Fee \$ _____

*\$.01 Per Square Foot Floor Area
Plus \$35.00 Application Fee*

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

CONTRACTOR
SIGNATURE _____ DATE _____

BUILDING OFFICIAL _____ DATE _____