



CITY OF ROANOKE RAPIDS

PLANNING & DEVELOPMENT DEPARTMENT
1040 ROANOKE AVENUE, PO BOX 38 ROANOKE RAPIDS, NC 27870
PHONE: 252-533-2844 FAX: 252-533-2870
EMAIL: PERMITS@ROANOKERAPIDSN.C

Payment Information _____

INSULATION PERMIT

Contractor: _____ NC State License _____

Address: _____ Telephone: _____ Email Address: _____

Project Information:

Address: _____ Residential: _____ Commercial: _____

Building Owner: _____ Telephone: _____ Email Address: _____

Address: _____

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 Insulation Cost \$ _____

Building Floor Area _____
Square Feet _____

Remarks _____

<u>Notes:</u>	Fees: \$ _____	\$.07 Per Square Foot Floor Area
1- Call for Inspection at proper stage of work.	\$ <u>55.00</u>	Application Fee
	_____	x Number of Floors
2- Fees to be entered by Inspection Agency.	\$ _____	Total

The Undersigned hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work. This application only becomes a permit when it has been processed and approved by the City of Roanoke Rapids' Planning and Development Department and all applicable fees are paid. There is a 24-hour notice for inspections unless deemed as an emergency by this office.

CONTRACTOR SIGNATURE _____ DATE _____

BUILDING INSPECTOR _____ DATE _____