

Permit # _____

RED SPRINGS INSPECTION DEPARTMENT

PO Box 790, Red Springs, NC 28377

INSULATION PERMIT

OWNER'S NAME _____ PHONE # _____

MAILING ADDRESS _____
STREET CITY STATE ZIP

LOCATION OF WORK: _____

CONTRACTOR: _____ PHONE # _____

ADDRESS: _____
STREET CITY STATE

NORTH CAROLINA LICENSE #: _____

TYPE OF WORK: RESIDENTIAL _____ COMMERCIAL _____

HEATED SQ. FT.: _____

WALLS: R-VALUE _____

FLOOR: R-VALUE _____

CEILING: R-VALUE _____

Minimum Permit Fee \$50.00 (up to 1,000 Sq. Ft.)

Additional Sq. Ft. @ \$0.03 per Sq. Ft.

Technology Fee \$5.00

Total Sq. Ft. _____

Total fee to be paid \$ _____

Request for inspections can be made by contacting the Red Springs Inspections Department between 8:00am & 5:00pm Monday thru Friday. The phone number is (910)843-5241 ext. 226

I hereby certify that all information in the application is correct and all work will comply with the NC State Building Code and all other applicable State and local laws, ordinances and regulations. I will notify the Red Springs Inspection Department in the event there are any changes in the approved plans of this project.

Owner/Contractor Signature

Date of Application