

BLADEN COUNTY BUILDING INSPECTIONS DEPARTMENT
P O BOX 1076, 450 SMITH CIRCLE
ELIZABETHTOWN NC 28337
(910)862-6780

INSULATION PERMIT APPLICATION

APPLICATION DATE: _____ BUILDING PERMIT # _____
APPLICANT: _____ PHONE # _____
OWNER'S NAME: _____ PHONE # _____
OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
911 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(JOB SITE)
CONTRACTOR'S NAME: _____ LICENSE#: _____
CONTRACTOR'S ADDRESS: _____ CITY: _____ STATE: _____
CONTRACTOR'S PHONE#: _____ EMAIL: _____
COMMERCIAL: _____ RESIDENTIAL: _____
DESCRIPTION OF WORK: _____

NEW CONSTRUCTION: _____ REMODEL: _____
TOTAL SQ FEET TO INSULATE: _____ TOTAL HEATED SQ FEET: _____ TOTAL SQ FEET: _____
TOTAL UNHEATED SQ FEET: _____
FEES:
NEW CONSTRUCTION UP TO 10,000 SQ FT AT .06 PER SQ FT PLUS .03 PER SQ FT OVER 10,000 SQ FT
MINIMUM FEE: \$50.00

I HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND ALL WORK WILL COMPLY WITH THE NATIONAL ELECTRICAL CODE, THE STATE BUILDING CODE, AND OTHER APPLICABLE STATE AND LOCAL LAWS AND ORDINANCES AND REGULATIONS. I UNDERSTAND THAT THIS IS NOT AN AUTHORIZATION TO BEGIN WORK. WORK MAY ONLY COMMENCE AFTER APPROVAL AND ISSUANCE OF THE PERMIT. RE-INSPECTIONS FEES ARE CHARGED AT \$25.00 PER TRIP AFTER 2ND INSPECTION. ALL PERMITS ARE SUBJECT TO DOUBLE FEES IF NOT PURCHASED BEFORE WORK BEGINS.

PRINTED NAME OF OWNER OR CONTRACTOR SIGNATURE OF OWNER OR CONTRACTOR DATE

State of North Carolina
County of _____

I, _____, Notary Public, do hereby certify that
_____ (name OWNER OR CONTRACTOR(s) whose acknowledgment
is being taken) personally appeared before me this day and acknowledged the due execution of the foregoing
instrument.

Witness my hand and official seal this _____ day of _____, 20__.

Signature of Notary

Notary's Name printed
My commission expires: _____