

ALAMANCE COUNTY INSULATION PERMIT APPLICATION

Master Permit Number _____

PROPERTY INFORMATION

Property Address _____ City, State, Zip Code _____

Property Owner Name _____ Property Owner Phone _____

Utility Owner Name _____ Utility Owner Phone _____

Subdivision Name _____ Subdivision Lot Number _____

Geographic Parcel Identification Number _____ Tax Map Number _____

Census Tract _____ Township _____

Jurisdiction _____ Zoning _____

- Watershed Flood Zone Flood Certification Farm District Corner Lot
- Water Type:** City Water New Well Existing Well Community Well
- Sewage Type:** City Sewer New Septic Existing Septic

CONTRACTOR INFORMATION

Contractor Name _____ Contractor Phone _____

Contractor Street Address _____ City, State, Zip Code _____

County Control Number _____ North Carolina License Number _____

- Owner is Contractor Owner Occupied

BUILDING INFORMATION

Work Description _____ Construction Cost _____

- Building Use:** Residential Commercial Farm
- Building Type:** New Existing Mobile Home Modular Home
- Occupancy Type:** 1 or 2 Family Apartments (3 or more) Assembly Assisted Living
- Business Educational Factory/Industrial High Hazard
- Hotel Institutional Mercantile Storage
- Utility/Maintenance
- Wall Insulation :** Batt Blown Foam R Factor _____
- Ceiling Insulation:** Batt Blown Foam R Factor _____
- Floor Insulation:** Batt Blown Foam R Factor _____
- Vapor Retarder Res Check

A photo ID is required to accompany all applicant signatures

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Retarder Location: Floor Wall Ceiling Other

I hereby certify that all information in this application is correct and all work will comply with the N.C. State Building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Printed Name _____ Applicant Phone _____

Applicant Signature _____ Date _____