

INSULATION Permit Application (Residential)



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|--|---|--|------------|
| Applicant Name: | | Email: | |
| Project Address: | | | |
| Developer: | | Project Supervisor: | |
| Property Owner: | | Telephone: | |
| Insulation Contractor: | | State License #: | |
| Address: | | | |
| City: | State: | Zip Code: | Telephone: |
| Project Supervisor: | | Telephone: | |
| Description of Proposed Work: | | | |
| Type of Work (Check all that apply): ___ New Construction ___ Room Addition ___ Other | | | |
| Permit Fees (based on Value of Work) | | Failure to Obtain Permit \$250.00 | |
| ___ \$100.00 or Less | \$65.00 per permit | Minimum Fee is \$65.00 | |
| ___ Over \$100 to \$5,000 | \$17.00 per \$1,000 or fraction thereof | | |
| ___ Over \$5,000 to \$10,000 | \$65.00 for first \$5,000 plus \$8.50 for each additional \$1,000 or fraction thereof | | |
| ___ Over \$10,000 | \$115.00 for first \$10,000 plus \$7.25 for each additional \$1,000 or fraction thereof | | |

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and 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. I further understand that this is not an authorization to begin work.

Work may only commence after approval and issuance of the permit.

Applicant Signature: _____ Date: _____

(Do not write below this line. For office use only.)

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| Received on ___/___/___ By _____ | Approved By _____ Date: _____ |
| ___ Re-inspection Fee \$75.00 ___ After Hours Inspection Fee \$75.00 per hour (Minimum two-hour charge after normal working hours) | Fees TOTAL \$ _____ Paid on ___/___/___ Staff Initials _____ |

Revised 01/20