



# Gates County

Inspection Department  
PO Box 411 200 Court Street Gatesville, NC 27938

OFFICE (252) 357-0122

## INSULATION PERMIT APPLICATION

FAX (252) 357-4577

**PROJECT ADDRESS:**

Owners Name:			Phone:
Address:			Mobile:
City/State/Zip			Email:
<b>Structure Classification:</b>	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex	<input type="checkbox"/> Manufactured/Mobile <input type="checkbox"/> Modular Home	<input type="checkbox"/> Commercial <input type="checkbox"/> Assembly All Other =
Provide description of work: R Values: Walls _____ Ceilings _____ Floors _____			

Total (Including Material) Estimated Projected Cost: \$ \_\_\_\_\_

### Insulation Contractor Information

Name of Business:	Phone:
Address:	Mobile:
City/State/Zip:	Email:

**NOTICE**

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction.

*Signatures are to be Notarized or witnessed by Permit Staff*

Printed Full Name of Applicant	Signature of Applicant	Date	IDPP initials
_____ County			
_____ State			

I, \_\_\_\_\_, a Notary Public in and for said State and County do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledge that due execution of the foregoing instrument.

Witness my hand and notarial seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ My commission expires: \_\_\_\_\_  
Notary Public

FOR OFFICE USE	PERMIT FEE	PERMIT #	ISSUE DATE:	PERMIT PAID:
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