

**APPLICATION
CITY OF GRAHAM
INSULATION PERMIT**

BUILDING PERMIT #: _____

DATE: _____

Contractor: _____

New/Existing: _____

Phone: _____

Residential/Commercial: _____

License #: _____

Miscellaneous: _____

Owner: _____

Address: _____

Architect/Engineer: _____

	Type:	Thickness:	R-Factor:
Exterior Walls	_____	_____	_____
Ceilings	_____	_____	_____
Floors	_____	_____	_____

FEE: \$20.00

The applicant hereby agrees to begin the work herein specified at once and agrees to notify the City of Graham Inspection Department immediately upon completion so a final inspection can be scheduled as required by law.

contractor's signature

Mail completed form with check to: City of Graham
Inspection Department
P O Drawer 357
Graham NC 27253