



Application for an INSULATION PERMIT

P.O. Drawer 357
201 South Main Street
Graham, NC 27253
(336) 570-6705
Fax (336) 570-6703
www.cityofgraham.com

Location

Street Address: _____

Name of Owner: _____

Building Permit #, if applicable: _____

- New building Single Family or Duplex
 Existing building Commercial or Multifamily

For Multifamily, number of units: _____

Type of Insulation Work

Complete all that apply.

	Type	Thickness	R-Factor
Exterior Walls			
Ceilings			
Floors			
Other			

Contractor

Contractor: _____

Contact Name: _____

Phone # _____ Lic. # _____

Mailing Address: _____

City, State, Zip: _____

Applicant and Project Contact

Name: _____

- Property Owner Contractor

Other _____

Mailing Address: _____

City, State, Zip: _____

Phone # _____

Email: _____

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

I agree to conform to all applicable laws and ordinances of the City of Graham and the State of North Carolina and further state that all statements made herein are true.

Signature of Applicant

Date

Certificate of Occupancy will be required
prior to occupying the premises

FOR OFFICE USE ONLY	
Fee \$	Remarks: