



TOWN OF HOPE MILLS
 5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848
TELEPHONE (910) 426-4100 FAX (910) 429-3386
www.townofhopemills.com

Application for Insulation Permit

Project Information

FULL ADDRESS	NAME OF SUBDIVISION OR BUSINESS	LOT #	PARCEL NUMBER

Insulation Contractor: _____ Telephone Number: _____

Address: _____ Email: _____

NC State Contractors License Number: _____ Classification: _____ Limitation: _____

Property Owner: _____ Telephone Number: _____

Address: _____

Building Use: Residential _____ or Commercial _____
New _____ or Existing _____
Estimated Cost: \$ _____

Remarks:

I hereby certify that all information in this application is correct and all work will comply with the North Carolina 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 projected permitted herein.

Signature of Applicant

Date

OFFICE USE ONLY

Permit Fee: _____

Permit #: _____