Jones County Building Inspections
418 Highway 58 North,
Trenton, NC 28585
Phone: (252) 448-1221
Fax: (252) 448-1072 www.jonescountync.gov

INSULATION (STAND ALONE) PERMIT APPLICATION 06/2014 revision

Application Date __________________________

Owner’s Name ___________________________ Phone Number __________________________

Project Street Address __________________________

City ___________________________ State ___________________________ Zip ____________

Subdivision (if applicable) ___________________________ Parcel # __________________________

Contractor’s Name ___________________________ NC State License # __________________________

Address ___________________________ City ___________________________ Zip ____________

Contact Person ___________________________ Phone # __________________________

Type of Work ___ Residential ___ Commercial ___ New Construction ___ Repair/Renovation

Number of Floors: _____________ Flood Zone: ____ Yes ____ No

Exterior Walls Type ____ Thickness ____ R Factor ____
Ceiling Type ____ Thickness ____ R Factor ____
Floor Type ____ Thickness ____ R Factor ____

Total Heated Square Feet: __________________________

Total Project Cost $_________________________ Master Permit # __________________________

Please see reverse side...
Is this project in a FEMA designated Flood Zone? ___ Yes ___ No

Is workman’s comp. Insurance required for this project? ___ Yes ___ No

I hereby certify that all of the information listed on this application is correct, and that all work will comply with the NC State Building Code, the insulation and Energy Utilization standards of the State Building Code, and all other applicable State and Local laws, ordinances and regulations. I also understand that if an inspection fails, I may be held liable for a re-inspection penalty fee. I furthermore understand that no permit fees are refundable, or transferrable, and that once a permit is voided or expired, I may incur an additional permit fee(s) to obtain permits in the future.

_________________________ County, North Carolina

I do hereby certify that ______________________ personally appeared before me this day and acknowledged to me the due execution of the foregoing instrument. Witness my hand and official seal this the ___ Day of __________ 20___.

Date: _________________________

Official Signature of Notary
Notary Public Name (printed or typed) ____________________________

(SEAL) My Commission expires: ____________________________

FOR OFFICE USE ONLY

Date Application Received _________________________________

# Sets of plans received for review (if applicable) __________________________

Date approved to permit _____________________________ Permit # ________________