

SCOTLAND COUNTY INSPECTION DEPARTMENT

507 WEST COVINGTON STREET

LAURINBURG, NORTH CAROLINA 28352

PHONE: 910-277-2415 AND 910-277-2428

APPLICATION FOR INSULATION PERMIT

DATE _____

COST OF WORK _____

OWNER _____

ADDRESS _____
(LOCATION OF PROPOSED WORK)

CONTRACTOR _____

LICENSE # _____

PHONE # _____

TYPE OR USE: RESIDENTIAL _____

COMMERCIAL _____

FEES

MIN. PERMIT FEE.....\$50.00

TOTAL NUMBER OF SQUARE FEET _____

BUILDINGS _____ \$.025

(Sq. Feet rounded up to next dollar) (2000 Sq. Feet/Break Even)

Total Fee to be paid..... _____

NOTE: TO AVOID REINSPECTION FEE: CONTRACTOR/OWNER NEEDS TO MAKE ARRANGEMENTS FOR INSPECTOR TO GET INSIDE BUILDING WHEN REQUIRED.

***APPLICANT HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

NO REFUNDS AFTER PERMITS ARE ISSUED.

SIGNATURE OF INSULATION CONTRACTOR/OWNER:
