



**Greene County Building Inspections**

**229 Kingold Blvd Suite E**

**Snow Hill, NC 28580**

**Phone: 252-747-4019**

**Email: [teresa.campbell@greencountync.gov](mailto:teresa.campbell@greencountync.gov)**

**Insulation Permit Application**

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Project Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Subdivision or Mobile Home Park (if applicable) \_\_\_\_\_

Contractor's Name \_\_\_\_\_ State License # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Work  New Residence  Commercial  Modular  Addition  
 Accessory Building  Renovation  Sign

# of Stories \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Baths \_\_\_\_\_

Total SQ. FT. (heated and unheated) \_\_\_\_\_

Total Estimated Construction Cost \$ \_\_\_\_\_

Is this lot in any town or zoning district?  Yes  No

Is this lot in a flood zone area?  Yes  No

Is workman's comp. insurance required for project?  Yes  No

What power company will be serving your home? \_\_\_\_\_

Premise Number (Issued by power company)? \_\_\_\_\_

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and Local laws, ordinances and regulations. Re-inspection fees are charged at \$50 per trip. All permits are non-transferable and non-refundable.

OWNER OR AUTHORIZED REPRESENTATIVE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_