

**INSULATION  
PERMIT  
APPLICATION**

Revised 7-1-10

*City of New Bern*



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Date: \_\_\_\_\_ Contractor: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Master Permit # \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

\*Job Address: \_\_\_\_\_

\*If this is new construction, please list both lot number and the street address.

**NEW** \_\_\_\_\_ **EXISTING** \_\_\_\_\_ **RESIDENTIAL** \_\_\_\_\_ **COMMERCIAL** \_\_\_\_\_

Exterior Walls	Type _____	Thickness _____	R Factor _____
Ceiling	*Type _____	Thickness _____	R Factor _____
Floor	Type _____	Thickness _____	R Factor _____

**This is to certify that all work proposed under this permit will comply with the insulation and Energy Utilization Standards of the State Building Code and will comply with all applicable State and local regulations.**

**SIGNED** \_\_\_\_\_ **\*SIGNED** \_\_\_\_\_

Owner/Contractor/Agent for Contractor

Commercial Buildings \$60.00  
Each Additional Commercial Unit \$30.00  
Individual Residence \$50.00  
Each Additional Residential Unit \$25.00  
Compliance Fee \$15.00 for Each Unit