



CITY OF KINSTON

Inspections and Code Enforcement Division
Post Office Box 339 / 205 East King Street
Kinston, North Carolina 28502
Phone: 252-939-3265 Fax: 252-939-3127
Donna.Kennedy@ci.kinston.nc.us

OFFICE USE ONLY

APP No: _____

P.D. _____

PT: _____

Insulation Permit Application

Date: _____

Project Name: _____

Project Address: _____

Insulation Contractor: _____

Contractor's Address: _____

Contact Person: _____ Phone#: _____

Contact Email: _____

Type Work: ___ New ___ Addition ___ Repair/Replacement

Project Value/Contract Amount: \$ _____

New Construction: Sq ft _____ x .02 = \$ _____

All Other: Valuation amount \$ _____ x .0025 = \$ _____

Minimum: \$100 Commercial \$50 Residential

(Note: Apartment Buildings, Duplexes, etc. are categorized as commercial)

Permit Fee \$ _____

I hereby certify that all information in this application is correct and all work will comply with the state building code and all other applicable state and local laws and ordinances and regulations.

Signature: _____ Date: _____