



TOWN OF DUCK

Gas Contractor Release Form

Fax 252.255.1236

Permit Number: _____ Job Cost: \$ _____
Project address: _____
Subdivision: _____ Lot: _____ Block: _____ Section: _____

General Contractor: _____

Gas Contractor/ Company Name _____
Address _____
City / State / Zip _____
Contact Numbers: _____
Email: _____
License Number: _____ Classification: _____

I the undersigned have read and understand the General Statues pertaining to Gas Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibilities and liability of a Gas Contractor upon this project. If I resign or no longer affiliated with this project, I will notify the local authority (Town of Duck Building Inspector) immediately by phone or in person and in writing within three (3) working days.

Must Be Signed Licensee

Date