



# TOWN OF DUCK

## Mechanical Contractor Release Form

Fax 252.255.1236

Permit Number: \_\_\_\_\_ Job Cost: \$ \_\_\_\_\_

Project address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Mechanical 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 Mechanical Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibilities and liability of a Mechanical 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