



**Town of Kitty Hawk
Planning & Inspections Department**

101 Veterans Memorial Drive, PO Box 549, Kitty Hawk, NC 27949
Phone (252) 261-3552 Fax (252) 261-7900

**MECHANICAL & REFRIGERATION CONTRACTOR SIGN OFF
FORM**

MECHANICAL CONTRACTOR INFORMATION

Qualifier's Name: _____

Business Name: _____

Business Address: _____

Business Phone (Includes Area Code): _____

NC Mechanical Contractor License #: _____

Mechanical Contractor License Limit: _____

Mechanical Contractor's Email Address: _____

PROJECT INFORMATION

Property Owner: _____

Property Address of Job: _____

I the undersigned have read and understand the General Statutes pertaining to Mechanical & Refrigeration Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of an Mechanical/Refrigeration Contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Kitty Hawk Building Inspections) immediately by phone or in person and in writing within three (3) working days.

Signature

Date