

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Dwayne Rich Phone: (919) 906-6144

Owner (s) Mailing Address: 258 Curragh Cove
Fuquay NC 27526

Land Owner Name (s): Dwayne Rich Phone: _____

Construction or Site Address: 258 Curragh Cove

PIN # _____ Parcel # _____

Job Cost: 10,000 Description of Work to be done: Whole home generator
Install

Mechanical: New Unit With Ductwork _____ New Unit Without Ductwork _____ Gas Piping _____ Other _____

Electrical*: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Specific Directions to Job from Lillington:

Take 401 towards Fuquay. Turn @ on Kawls club rd.
Take 1st road @ - curragh cove. Home is at end of road

Subdivision: _____ Lot #: _____

Dawsons Electric will provide the electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 25948-L, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Dawson's Electric
Contractor's Company Name

609 Cotton Rd Fuquay
Address

25948-L
License #

919 552 0244
Telephone

nikki@dawsonselectric.com
Email Address

Structure Owner / Contractor Signature: [Signature] Date: 6/11/20

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license

~~Mechanical - Ferrell Gas~~

~~Andrew Thatcher lic 32217
58 N Broad St. Angier~~

New Mech cont.
~~Diversified Energy~~
31611 - gas
Tony Johnson

GAS APPLIANCE SYSTEM CHECK


Account Number 12247 Company/Location DE Dunn
 Name Dwayne Rich Call Date _____ Date Requested _____
 Address 258 Curraugh Cove Call Taker Name _____
Fuquay NC Instructions _____
 Telephone: Office _____ Home _____

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			<u>Rinnai</u>			<u>Generator</u>
Model No.			<u>RL75</u>			<u>Briggs Strat.</u>
Serial No.			<u>MAWA-600548</u>			<u>611125001E1</u>
Fuel			<u>LP</u>			<u>2002250250834</u>
Manual Shutoff (Installed/Existing)			<u>Yes</u>			<u>LP</u>
Sediment Trap (Installed/Existing)						<u>Yes</u>
Control Mfgr./Model No.						
Pilot(s)/Pilot Safety System						
Ignition System(s) Mfgr./Model No.						
Thermostats Mfgr./Model No.						
Burner(s)/Combustion Chamber						
Venting System/Draft Diverter						
Combustion Air						
Red Tag (Removed from Service)/Recall						

Manufacturer TANK/CYLINDER (Additional Serial No.'s):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCA-TION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GAUGE COND.	RELIEF VALVE			FITTINGS LEAK TEST	
											COND.	DATE	CAP		
<u>330</u>	<u>2 SH012358</u>	<u>American</u>			<u>LSG H Rd</u>	<u>Gd</u>	<u>Gd</u>	<u>Gd</u>	<u>Gd</u>	<u>Gd</u>	<u>Gd</u>			<u>Yes</u>	<u>Yes</u>

PIPING/REGULATOR, OPERATION/CONDITION

FITTINGS LEAK TEST	PIPING MATERIAL		REGULATOR (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK UP LEAK TEST
<u>Yes</u>					<u>Good</u>	<u>Genie</u>	<u>Horiz.</u>	<u>Lid</u>	<u>IN WC</u>	<u>IN WC</u>
TWO STAGE	<u>1st</u>		TYPE : MECR-1622E-BOH ORIFICE : 7/32" SPG RANGE : 1.0-2.2 PSI MAX. INLET : 10PSI INTERNAL RELIEF : 2 PSI S/N : 004730 JAN 18		<u>Good</u>		<u>Vertical</u>		<u>PSIG</u>	<u>PSIG</u>
	<u>2nd</u>								<u>IN WC</u>	<u>IN WC</u>

SYSTEM LEAK TEST

SINGLE STAGE/INTEGRAL/SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
TWO STAGE	<u>70</u>	<u>70</u>	<u>10</u>	<u>Yes</u>

Comments _____

This inspection covers propane/LP-gas items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

1 _____
(Please Print)
 • Know how to turn off gas in case of emergency.
 • Have smelled propane and can detect its odor.
 • Have received the Consumer Safety information and material.
 • Had gas system deficiencies and/or corrections, if any, clearly explained to me.
 • Am satisfied with the service work performed.

T. Rich
(Customer Signature)

Reference Invoice No. _____ Date _____
Dwayne Rich, Tyler Carpenter
(Please Print)
 Certify that I have completed the System Check as prescribed.
 Performed Odor Test Yes Performed Leak/Pressure Test Yes
 Placed Safety Decal Yes Left Consumer Safety Info and Material Yes

T. Carpenter
(Service Technician's Signature)