

Harnett County Building Inspections

Harnett County Central Permitting

PLAN REVIEW

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)**

7-18-18

Date

Owner (s) of Structure: Nicole & Chad Donovan Phone: 919-215-4536
 Owner (s) Mailing Address: 106 Grahamridge Ln
Fuquay N.C. 27526
 Land Owner Name (s): Same Phone: _____
 Construction or Site Address: Same
 PIN # _____ Parcel # _____

Job Cost: \$500.00 Description of Work to be done Set LP Gas tank - Connect gas line to existing slab-out for logs - Install line for grill on deck - Install line to pool heater.

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:

RD to Ancier - Rt on 55 - Rt on Chelbet Springs Rd. - Rt on Atkins - Rt on Raul's Church Rd. - Rt on Wyndham - Rt on Grahamridge Ln. - HSE at end of Culdson

Subdivision: Wyndham Lot #: _____

I Mekamb's LP Gas will provide the Gas Piping labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21043, 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.

Mekamb's LP Gas
Contractor's Company Name

919-894-3842
Telephone

3469 NC 242 - S - Benson, N.C.
Address

mclambslpgas.com
Email Address

21043
License #

Structure Owner / Contractor Signature: [Signature] Date: 7/10/18

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

Please call for credit card payment.

PROPANE SAFETY SHEET

Service Date 7/10/18
 Account Number _____
 Name Nicole & Chad DONAVAN
 Address 106 Grahamridge Ln
Fuquay, N.C. 27526
 Telephone: (Home) _____
 (Office) _____ (Cell) 919-215-4536

County Harnett
 Directions Angier - left on Chatham
Spingr Rd - Rt on Atkins Rd -
Rt on Rauls Cr Rd - Rt on
Wynedham - left on Graham Rd - 106
 Closest Customer _____

APPLIANCE				WORK DESCRIPTION
TYPE	<u>Pool/Hot Log</u>	<u>Log</u>	<u>Boiler</u>	
MANUFACTURER				
MODEL NUMBER				
SERIAL NUMBER				
LOCATION	<u>Outside</u>	<u>Don</u>	<u>Deck</u>	
BTU		<u>30,000</u>	<u>30,000</u>	
AGE	<u>17</u>			
MANUAL SHUTOFF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
VENTING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SEDIMENT TRAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
RECALL VALUE				
RED TAG (Remove from Service)				

McLamb's LP Gas & Supply
 3469 NC 242 South
 Benson, NC 27504
 (919) 894-3842
 info@mclambslpgas.com

TANK OWNED BY (Check One): Company Customer _____

The customer acknowledges that he/she 1) knows how to turn off gas in emergencies, 2) has smelled and can detect propane odor, 3) has received other safety instructions, 4) understands any gas problems and corrections, and 5) is satisfied with the work performed and 6) that the customer acknowledges tank ownership as indicated above. The serviceman acknowledges that he/she 1) performed odor test, 2) performed leak test and pressure test, and 3) has given the customer safety instructions.

Customer Signature Nicole Donovan Serviceman Signature [Signature]

TANK SPECIFICS/CONDITION:

SIZE	SERIAL #	MFG.	MFG. DATE	LEGAL LOCATION	TANK CONDITION	RELIEF VALVE COND.	FITTINGS LEAK TEST
<u>120</u>	<u>588690</u>	<u>Worth</u>	<u>'06</u>	<input checked="" type="checkbox"/>	<u>Good</u>	<u>ok</u>	<u>ok</u>

PIPING/REGULATOR OPERATION/CONDITION:

REGULATOR TYPE	PIPING MATERIAL	PIPING SIZE	REGULATOR DATE CODE	MFG./MODEL	REGULATOR VENT PROTECT.
<u>Int. Two-Stage</u>	<u>Cu</u>	<u>3/8</u>	<u>'17</u>	<u>Fisher</u>	<u>Done</u>
<u>1st Stage</u>	<u>Cu</u>	<u>1/2</u>	<u>'17</u>	<u>"</u>	<u>Done</u>
<u>2nd Stage</u>	<u>BS</u>	<u>3/4</u>	<u>'17</u>	<u>"</u>	<u>Done</u>

SYSTEM LEAK TEST (Lock up pressure):

REGULATOR TYPE	MEASURED START PRESSURE (w.c.)	MEASURED END PRESSURE (w.c.)	TIME HELD IN MINUTES	SYSTEM CHECK (OK)	REMARKS
<u>Int. Two-Stage</u>					
<u>1st Stage</u>					
<u>2nd Stage</u>	<u>10 w.c.</u>	<u>10 w.c.</u>	<u>10</u>	<u>ok</u>	
2nd Stage regulator pressure with all appliances running: _____ inches w.c.					

Piping Test for New Construction: 1st Stage 50 psig; 2nd Stage and Integral Two-Stage 10 psig. 10-minute minimum
 Lock up pressure should not exceed 14 inches w.c.
Working Pressure Requirement: Working pressure should not fall below 10 inches w.c. or manufacturers recommendation's



Cash Register Receipt

Harnett County

Receipt Number
R182

DESCRIPTION	QTY	PAID
PermitTRAK		\$60.00
MRES1807-0013 Address: 106 GRAHAMRIDGE LN APN: 0664-98-6959.000		\$60.00
RESIDENTIAL MECHANICAL FEES		\$60.00
MINIMUM MECHANICAL FEE	0	\$60.00
TOTAL FEES PAID BY RECEIPT: R182		\$60.00

Date Paid: Thursday, July 19, 2018

Paid By: MCLAMBS LP GAS & SUPPLY CO INC

Cashier: JB

Pay Method: CREDIT CARD 01910

