

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: RICHARD CLOWER Phone: 910-263-5262

Owner (s) Mailing Address: 405 BAILEY RD.
COATS, NC

Land Owner Name (s): SAME Phone: SAME

Construction or Site Address: SAME

PIN # _____ Parcel # _____

Job Cost: \$425.00 Description of Work to be done SET LP GAS TANK - INSTALL LINES TO GENERATOR

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:

421 TO BUIES CREEK, 27 EAST TOWARD COATS, THRU COATS, RT ON RED HILL CHURCH RD, RT ON BAILEY RD, HOUSE ON LFT (LARGE BRICK HOUSE)

Subdivision: _____ Lot #: _____

I MCLAMB'S LP GAS will provide the MECHANICAL (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.

MCLAMB'S LP GAS
Contractor's Company Name
3469 NC 242 S, BENSON, NC 27504
Address
21043
License # _____

919-894-3842
Telephone
MCLAMBSLPGAS.COM /amy@
Email Address

Structure Owner / Contractor Signature: *Amby Wood* Date: 08/30/2018

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 8/30/18
 Account Number _____
 Name Richard Clower
 Address 405 Bailey Rd.
Covets, N.C.
 Telephone: (Home) _____
 (Office) _____ (Cell) _____

County Harwell
 Directions 27 low Cost - left on Red Hill Church Rd - Rt on Bailey Rd. - Use on left - Use 357 drive way
 Closest Customer Joey Strickland

APPLIANCE			WORK DESCRIPTION
TYPE	<u>Generator</u>		
MANUFACTURER			
MODEL NUMBER	<u>22KW</u>		McLamb's LP Gas & Supply
SERIAL NUMBER			<u>3469 NC 242 South</u>
LOCATION	<u>Outside</u>		<u>Benson, NC 27504</u>
BTU			<u>(919) 894-3842</u>
AGE	<u>18</u>		<u>info@mclambslpgas.com</u>
MANUAL SHUTOFF	<input checked="" type="checkbox"/>		
VENTING	<input checked="" type="checkbox"/>		
SEDIMENT TRAP	<input checked="" type="checkbox"/>		
RECALL VALUE			
RED TAG (Remove from Service)			

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 [Signature]

Serviceman Signature [Signature]

TANK SPECIFICS/CONDITION:

SIZE	SERIAL #	MFG.	MFG. DATE	LEGAL LOCATION	TANK CONDITION	RELIEF VALVE COND.	FITTINGS LEAK TEST
<u>500</u>	<u>91074</u>	<u>Nature</u>	<u>'64</u>	<u>Good</u>	<u>Good</u>	<u>Good</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>1st Stage</u>	<u>Cu</u>	<u>1/2</u>	<u>'17</u>	<u>Fisher</u>	<u>Down</u>
<u>2nd Stage</u>	<u>BS</u>	<u>3/4</u>	<u>'17</u>	<u>Fisher</u>	<u>Down</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>9.5</u>	<u>9.5</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 recommendations



MECHANICAL RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

MRES1809-0020

JOB ADDRESS: 405 BAILEY RD	PERMIT SUBTYPE: ALL OTHER MINIMUM MECHANICAL GAS PIPING	PARCEL NO: 1519-48-5334.000
DESCRIPTION: Set LP Gas Tank - Instll Lines to generator	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: RA-30 - 4.71 acres (100.0%)	

APPLICANT: MCLAMBS LP GAS & SUPPLY CO INC 3469 NC 242 SOUTH BENSON, NC 27504	PHONE: (919)894-3842 EMAIL:
CONTRACTOR: MCLAMBS LP GAS & SUPPLY CO INC 3469 NC 242 SOUTH BENSON, NC 27504	PHONE: (919)894-3842 EMAIL:
OWNER: CLOWER RICHARD C 405 BAILEY RD COATS, NC 27521 COATS, NC 27521-9617	PHONE: EMAIL:

REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			

Development Services
108 E. Front St
Lillington, NC 27546
910-893-7525

CC SALE

MID: xxx9684
TID: xxxx2853

Ref #: 207104050
Batch #: 1073421
Date/Time: 09/10/18 04:01:11 PM
Inv/Tkt #: 180910160039437
Appr Code: 51011Z
MasterCard
5xxxxxxxxxxx9415
Keyed

Amount USD\$ 60.00

Approved

Mode: Card

CUSTOMER COPY