

# FUEL PIPING CONTRACTOR REGULATION SHEET



**TOWN OF BLOWING ROCK**  
Department of Planning and Inspections  
1038 Main Street, PO Box 47  
Blowing Rock, North Carolina 28605  
Phone: (828) 295-5240 Fax: (828) 295-0357

**Fuel Piping Contractor:**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

NC License Number: \_\_\_\_\_

Blowing Rock Privilege Schedule B License #: \_\_\_\_\_

**Project Information:**

Property Owner: \_\_\_\_\_

Project 911 Address: \_\_\_\_\_

I the undersigned have read and understand the General Statutes pertaining to Fuel Piping Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a Fuel Piping Contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the local Blowing Rock Building Inspector immediately by phone or in person, and in writing within three (3) working days.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

North Carolina  
\_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_