



Fire Sprinkler Contractor License Check and Regulation Sheet

Development Services Department
1510 Blowing Rock Road
Boone, North Carolina 28607
Phone (828) 268-6960 • Fax (828) 268-6961
www.townofboone.net

PROJECT FILE NAME: _____

Contractor's Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

NC State License Number: _____

Town of Boone Privilege Schedule B License Number: _____

Project Information:

Property Owner: _____

Location of Job: _____

I, the undersigned, have read and understand the General Statutes pertaining to Fire Sprinkler Contracting in North Carolina. I hereby affirm or swear that I am licensed and qualified to assume all responsibility and liability of a fire sprinkler contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the local authority (Town of Boone 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