Letter of Technical Supervision

Board Rule 11 NCAC 08 .0706(b)

Name of Applicant ____________________________________________ Applicant ID #: _______________________

Technical Area(s) Supervised: □ Building □ Mechanical □ Electrical □ Plumbing □ Fire

Begin Supervision Date: ___________________________ End Supervision Date: ___________________________

Projects Inspected/Installed/Designed Under Supervision

Project Name: _____________________________________________ Permit Number: _______________________

Building Floor Area: __________ Number of Stories: __________ Occupancy Classification: ______________

Technical Area(s) Performed: □ Building □ Mechanical □ Electrical □ Plumbing □ Fire

Comments: ______________________________________________________________________________________

______________________________________________________________________________________________

Project Name: _____________________________________________ Permit Number: _______________________

Building Floor Area: __________ Number of Stories: __________ Occupancy Classification: ______________

Technical Area(s) Performed: □ Building □ Mechanical □ Electrical □ Plumbing □ Fire

Comments: ______________________________________________________________________________________

______________________________________________________________________________________________

Project Name: _____________________________________________ Permit Number: _______________________

Building Floor Area: __________ Number of Stories: __________ Occupancy Classification: ______________

Technical Area(s) Performed: □ Building □ Mechanical □ Electrical □ Plumbing □ Fire

Comments: ______________________________________________________________________________________

______________________________________________________________________________________________

(You may attach additional sheets if necessary, to list additional inspections completed under your technical supervision.)
The above named applicant has worked under my direct supervision for the period and on the projects indicated above. I recommend that upon satisfaction of other required qualifications this applicant be certified as a:

____________________ Inspector, Level ________.
(Technical Area)
(I, II, or III)

Signature ____________________________ Date: ________________________

Typed Name ____________________________ ID #: ________________________

Professional certification, registration or inspection certification held by Supervisor.

STATE OF NORTH CAROLINA

COUNTY OF ____________________________

The above named certifying city or county official personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _______________________ day of _________________, 20 ______.

________________________________ (Seal)

Signature and Printed Name of Notary Public

My commission expires ____________________________.

Submit this form electronically with the Standard Certificate application.