

STATE OF NORTH CAROLINA

**OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)**

COUNTY OF _____

_____ Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, _____
(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. _____ I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____);

2. _____ I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3. _____ I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;

4. _____ I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant)

Date

Sworn to (or affirmed) and Subscribed before me
this the ___ day of _____, 20__

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

CERTIFICATION AS TO STATUS OF LICENSURE

For the owner/builder to sign:

I understand that I am signing the document under oath; I certify that I am making a truthful statement. I have entered into a construction project where the cost of the undertaking exceeds \$30,000.00. I have read general statute section 87-1 as amended July 6, 1992 (attached). I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which, I understand from reading general statute section 87-1 attached, includes construction superintending and managing in addition to, among other things, signing written contracts. I intend to retain the finished house (or other project) exclusively for my own use; I am not building a "Speculation" project with the intention of selling the project once is completed. I will occupy the property for at least one year (12 months) following the completion (issuance of a certificate of occupancy) of construction. I understand that building a "speculation" project without proper licensure is a violation of General statute 87-1 and General Statute 87-13: This may be a criminal offense.

Also, I understand that under General Statute Section 87-15.5, the "Homeowners recovery Fund" no homeowner acting as a general contractor (owner/builder) has any right to recovery.

I have filled out the attached worksheet/affidavit regarding Workers' Compensation, and certify either that I am not required by law to carry such coverage or that I agree to submit certificates of insurance coverage upon demand by the building inspector.

I understand that I am responsible for ascertaining whether I am obligated by law to obtain Workers' Compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all Workers' Compensation coverage required by law.

This is the _____ day of _____, _____

Owner/Builder (Name printed & signed):

Title

Telephone Number

Sworn to and subscribed before me this the _____ day of _____, _____

Notary Public My commission expires