

My Commission Expires:

ALEXANDER COUNTY INSPECTIONS

6125 NC HWY 16 SOUTH, TAYLORSVILLE, NC 28681 OWNER EXEMPTION AFFIDAVIT



PURSUANT TO NORTH CAROLINA G.S. 87-14(a)(1)

Parcel Identification Nu	mber and address where the building is to be constructed	: PIN:	
Address:			
Type of construction:	Residential Commercial Industrial	Other	
Intended use after comple	etion: (e.g. Personal residence):	•	
Building permit number as	ssociated with this application:		
l,		()	
	(Print Full Name) tion from licensure under G.S. 87-1(b)(2) by <u>initialing</u> the 5 below and attesting to the following:		hone Number)
1	I certify that I am the owner of the property set forth a or altered and for which application for a building permit OR		nstructed
	I am legally authorized to act on behalf of the firm or corporation: I am legally authorized to act on behalf of the firm or corporation:	•	ring
2	I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article I, Chapter 87 of the General Statutes of North Carolina.		
3	I will be on site regularly during construction and 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 Statues of North Carolina.		
4	I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S.87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.		
5	I understand that a copy of this AFFIDAVIT will be trans of General Contractors for verification that I am validly of G.S. 87-1(b)(2) for the building construction or alteration if the North Carolina Licensing Board for General Contract this exemption, the building permit issued for the construction revoked pursuant to G.S. 153A-362 or G.S.160A-422.	mitted to the North Carolina Licensing entitled to claim an exemption under on specified herein. I further understa ctors determines I am not entitled to c	nd that, claim
_	(Signature of Affiant)		Date
Sworn to (c	or affirmed) and Subscribed before me this the	day of	, 20
	Signature of Notary Public	(I	Notary Stamp or Seal)
	Printed Name of Notany Public		

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

COUNTY of ALEXANDER

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. 87-14

The undersig	ned applicant for Building Permit #	being the
Co	ontractor	
O	wner	
Of	ficer/Agent of the Contractor or Owner	
	rs under penalties of perjury that the persone work set forth in the permit (mark all that	
	has/have three (3) or more employees compensation insurance to cover them,	and has/have obtained workers'
-	has/have one or more subcontractor(s) compensation insurance covering them,	and has/have obtained workers'
	has/have one or more subcontractor(s), have their own policy of workmen's comp	
	has/have not more than two (2) employee	s and no subcontractors,
Alexander Coverage and of the permi	ng on the project for which this permit is so ounty Inspections Department issuing the particle of workers' compensation insuit and at any time during the permitted carrying out the work.	permit may require certificates of trance coverage prior to issuance
By:	OF MODELL C	Maria
Title:	- TOMINIO	
Signature:		
Date:		