Parcel Identification Number and address where the building is to be constructed:  

Type of construction:  
- Residential  
- Commercial  
- Industrial  
- Other  

Intended use after completion: (e.g. Personal residence):  

Building permit number associated with this application:  

I, (Print Full Name) (Phone Number) hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 initialing paragraphs 2-5 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 and for which application for a building permit is hereby made:  
   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 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 Statutes 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 transmitted to the North Carolina Licensing Board of 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 I am not entitled to claim this exemption, the building permit issued for the 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__  

(Notary Stamp or Seal)  

Signature of Notary Public  

Printed Name of Notary Public  

My Commission Expires:  

(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 undersigned applicant for Building Permit #______________ being the

_____ Contractor
_____ Owner
_____ Officer/Agent of the Contractor or Owner

hereby waives under penalties of perjury that the person(s), firm(s), or corporation(s)
performing the work set forth in the permit (mark all that apply):

_____ has/have three (3) or more employees and has/have obtained workers’
compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and has/have obtained workers’
compensation insurance covering them,

_____ has/have one or more subcontractor(s), who has/have no employees or
have their own policy of workmen’s compensation covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the
Alexander County Inspections Department issuing the permit may require certificates of
coverage and/or waivers of workers’ compensation insurance coverage prior to issuance
of the permit and at any time during the permitted work from any person, firm or
corporation carrying out the work.

Firm name: ____________________________________________

By: __________________________________________________________________

Title: __________________________________________________________________

Signature: _____________________________________________________________

Date: __________________________________________________________________