



**TOWN OF BURNSVILLE  
 BUILDING INSPECTIONS DEPARTMENT  
 OWNER LICENSE EXEMPTION FORM  
 NORTH CAROLINA GENERAL STATUE 87.1**

The undersigned applicant for Building Permit Number \_\_\_\_\_ do hereby state under penalties of perjury that the answers to the following questions are true and accurate:

1. Do you own the land on which this building will be constructed?  
 Yes  No
2. Do you intend to directly control and supervise construction activities?  
 Yes  No
3. Do you intend to contract, schedule and directly pay for all phases of construction work to be done?  
 Yes  No
4. Do you intend to personally occupy the building for at least 12 consecutive months following issuance of a Certificate of Compliance or Certificate of Occupancy?  
 Yes  No

If the answer to any of the previous questions is no then the applicant is not eligible for a permit under the owner's exception to the licensing requirements.

5. Have you hired or intend to hire an individual to superintend and/or manage construction of the project?  
 Yes  No

If the answer to the preceding question is yes then the applicant is not eligible for a permit under the owner's exception to the licensing requirements.

I further understand that if I have falsely answered any of questions 1-5 above it creates the presumption under law that I fraudulently secured the permit through misrepresentation and the permit will be revoked as required by N.C. G.S. § 153A-362.

This document must be completed and signed by the owner of the property..

*Signatures are to be witnessed by Inspections Staff member or Notarized.*

<b>Completed By:</b>	
<b>Signature:</b>	<b>Date:</b>

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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Staff member Initials: \_\_\_\_\_

**TOWN OF BURNSVILLE BUILDING INSPECTIONS  
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE  
NORTH CAROLINA GENERAL STATUES 87 AND 97**

The undersigned applicant for Building Permit Number \_\_\_\_\_ being the

Unlicensed Contractor       Licensed Contractor      License Number \_\_\_\_\_

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

- has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- has/have one (1) or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- has/have one or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy of workmen's compensation covering themselves,
- has/have not more than (2) employees and no subcontractors,
- has/have paid the licensing tax for General Contractor's as required by the Revenue Act of the State of North Carolina
- has/have applied for permit where the project cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S.87-14,

while working on the project for which this permit is sought. It is understood that the Yancey County Building Inspections Department may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the owner of the proprietorship, partner in the partnership, officer of the corporation or manager of the L.L.C. appearing as the contractor on the building permit.

*Signatures are to be witnessed by Inspections Staff member or Notarized.*

<b>Firm Name:</b>	
<b>Completed By:</b>	
<b>Title:</b>	
<b>Signature:</b>	<b>Date:</b>

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary      **Official Seal**  
Notary Public

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Staff member Initials: \_\_\_\_\_