



OWNER EXEMPTION AFFIDAVIT

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

STATE OF NORTH CAROLINA

COUNTY OF JOHNSTON

TOWN OF CLAYTON PERMITS & INSPECTIONS DEPARTMENT

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

I, _____

(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b) (2) by initiating the relevant provision in paragraph 1 and initiating 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 scope of work is to be constructed or altered;

OR

_____ I am legally authorized to act on behalf of the firm or corporation for which the scope of work is being constructed or altered on the property owned by the firm or corporation as set forth (name of firm or corporation : _____);

2. _____ I will personally superintend and manage all aspects for which the scope of work is being constructed or altered and that 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 scope of work 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)