

**ALEXANDER COUNTY INSPECTIONS**  
CERTIFICATION AS TO STATUS OF LICENSURE  
HOMEOWNER AS GENERAL CONTRACTOR

**FOR THE OWNER/APPLICANT TO SIGN:**

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000.00. I have read G.S. Section 87-14 as amended July 6, 1992, which is 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 G.S. Section 87-1, 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 it is completed. I will occupy the property for at least one year following completion of construction. I understand that building a "spec" project without proper licensure is a violation of G.S. & 87.1 and G.S. & 87-13; this may be a criminal offence. Also, I understand that under G.S. Section 87-15.5, the "Homeowner's Recovery Fund," no homeowner acting as a general contractor has any right of recovery.

I have filled out the attached worksheet/affidavit regarding workers' compensation, and I certify either that I am not required by law to carry such coverage or that I will 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 inquires 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 \_\_\_\_\_, 20\_\_\_\_.

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NAME	TITLE	TELEPHONE NUMBER
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SIGNATURE

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

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NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_