

**THIS FORM TO BE COMPLETED BY SELF-CONTRACTORS**

www.sanfordnc.net

**CITY OF SANFORD / COUNTY OF LEE, NORTH CAROLINA**

**CERTIFICATION AS TO STATUS OF LICENSURE**

I, the undersigned, have read and understand General Statute 87-1 (*see copy on page 2*). As the owner of the land upon which building permit number \_\_\_\_\_ is applied for:

**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. I have read G.S. Section 87-1 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 attached, 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 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 (1) year** following completion of construction. I understand that building a "spec" project without proper licenser is a violation of G.S. 87-1 and G.S. 87-13; this may be a **criminal offense**. 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 affidavit regarding **worker's 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 worker's compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all worker's compensation coverage required by law.

\_\_\_\_\_  
**OWNER SIGNATURE**

\_\_\_\_\_  
**DATE**

\*\*\*\*\*

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County and the State of North Carolina do hereby certify that \_\_\_\_\_ personally appeared before me this date and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

(SEAL)

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