



GENERAL CONTRACTOR REGULATION SHEET

TOWN OF BLOWING ROCK

Department of Planning and Inspections

1038 Main Street, PO Box 47

Blowing Rock, North Carolina 28605

Phone: (828) 295-5240

Email: planning@townofblowingrocknc.gov

General Contractor:

Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____

NC License Number: _____

License Limit: \$ _____

License Classification: _____

Project Information:

Property Owner: _____

Project 911 Address: _____

I the undersigned have read and understand the General Statutes pertaining to General Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a General Contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the local Blowing Rock Building Inspector immediately by phone or in person, and in writing within three (3) working days.

Signature: _____

Date: _____

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 _____, _____.

My commission expires _____ Notary Public _____

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

do hereby aver 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 or more subcontractor(s) and have obtained workers compensation insurance to covering them,
- has/have one or more subcontractor(s), who has/have no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' 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 Inspections Department issuing the permit may require certificates of coverage and/or waivers of workers' compensation insurance at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____