

# 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 Fax: (828) 295-0357

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**General Contractor:**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

NC License Number: \_\_\_\_\_

License Limit: \$ \_\_\_\_\_

License Classification: \_\_\_\_\_

Blowing Rock Privilege Schedule B License #: \_\_\_\_\_

**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:** \_\_\_\_\_

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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 covering them,
- has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- has/have not more than two (2) employee and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_