



# Town of HOLLY RIDGE

PO Box 145 \* Holly Ridge, NC 28445 \* Phone (910) 329-7081 \* Fax (910) 329-1593

## Town of Holly Ridge Code Enforcement Certification as to Status of Licensure

### FOR THE GENERAL CONTRACTOR TO SIGN:

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have read G.S. Sections 87.1 and 87.14 as amended July 6, 1992. I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have read G.S. Sections 87.1 and 87.14 as amended July 6, 1992. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000; the contract, whether written or oral, is the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in a partnership (including any "joint venture" (unless in compliance with 21 N.C.A.C. 12,0207)) with entity. I certify that I am presently licensed under the name \_\_\_\_\_ and under the License Number \_\_\_\_\_. My license is active and in good standing. I have filed all necessary renewal forms with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the North Carolina Licensing Board for General Contractors which disqualifies me for a building permit.

I certify to the building inspection department that I have paid license tax(es) as required by the N.C. Department of Revenue; I have filled out the attached worksheet/affidavit regarding workers' compensation insurance and I agree to submit certificates of insurance coverage upon request of 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 private legal counsel to assure that I am providing all workers' compensation coverage required by law.

I understand that a licensed general contractor must pay a \$10.00 fee upon applying for a residential permit pursuant to G.S. 87.15.5 "Homeowner's Recovery Fund" Act of North Carolina, \$9.00 of which the permitting official shall forward to the North Carolina Licensing Board of General Contractors.

I understand that the unlicensed practice of general contracting is a criminal offense under G.S. 87.13 and that I may be sued by the North Carolina Licensing Board of General Contractors for an injunction if I practice with a license as required by law. I also understand that, under North Carolina Case Law, an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay me.

**AFFADAVIT 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 (1) or more Subcontractor(s) and have obtained Workers' Compensation Insurance covering them,
- has/have one (1) 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 Insurance covering them,
- 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 coverage prior to issuance of the permit and at any time during the permitted work from any person, firm, or cooperation carrying out the work.

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

By/Signature: \_\_\_\_\_

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

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