

Contractor of Record

Building Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Electrical Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Mechanical Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Plumbing Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Insulation Contractor	Name _____ Address _____ City/St _____	NC License # <u>Not Required</u> Phone _____ Email Address _____
Gas Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Moving Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Pool/Hot Tub Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____
Other Contractor	Name _____ Address _____ City/St _____	NC License # _____ Phone _____ Email Address _____

OWNER CONTRACTOR

As owner of the property, I intend to retain the finished project exclusively for my own use and will occupy the property for at least one year following the completion of construction. I understand that it is my responsibility to obtain workers' compensation insurance, if necessary. I will contract with a North Carolina licensed electrical, plumbing, mechanical, and gas contractor for this project unless otherwise noted. As owner of the property, I will complete the following:

- General
 Electrical
 Mechanical
 Plumbing
 Gas

Signature of Property Owner

Date



Contractor Affidavit

Contractor Affidavit

Please submit the signed affidavit with the permit application.

STATE OF NORTH CAROLINA
COUNTY OF CURRITUCK

CONTRACTOR AFFIDAVIT

General	Electrical	Mechanical	Plumbing	Gas
Sprinkler	Refrigeration			

Contractor Information

License Holder: _____

Name of Business: _____

Business Address: _____

Phone: _____

Email: _____

License Information

NC License Number: _____

License Classification: _____

Project Information

Project Address: _____

Application Reference Number: _____

Cost of Trade Work: \$ _____

Scope Of Work

I am licensed and qualified to assume all responsibility and ability as a contractor on this project. If I resign or am no longer affiliated with this project, I will notify the Currituck County Central Permitting Division in writing within three working days. I understand that it is my responsibility to obtain workers' compensation insurance, if necessary.

Signature of License Holder

Date

Owner Exemption Affidavit

Pursuant to North Carolina General Statutes 87-14(a)(1)

STATE OF NORTH CAROLINA
COUNTY OF CURRITUCK

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO GS 87-14(a)(1)

Property Address or PIN: _____

I, _____, hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provisions in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

___ 1. I certify that I am the owner of the property set forth above on which this building is to be constructed or altered.

OR

___ 2. I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation): _____.

___ 3. I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina.

___ 4. I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.

___ 5. I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S.87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

___ 6. I understand that by excuting this licensing exemption AFFIDAVIT pursuant to G.S.87-1(b)(2) I am required by law to occupy the building for which the licensing exemption is granted for tweleve months after completion, during which time it may not be offered for rent, lease or sale.

Signature of Affiant

Date

Sworn to (or affirmed) and subscribed before me this the ____ day of _____, 20____.

Signature of Notary Public

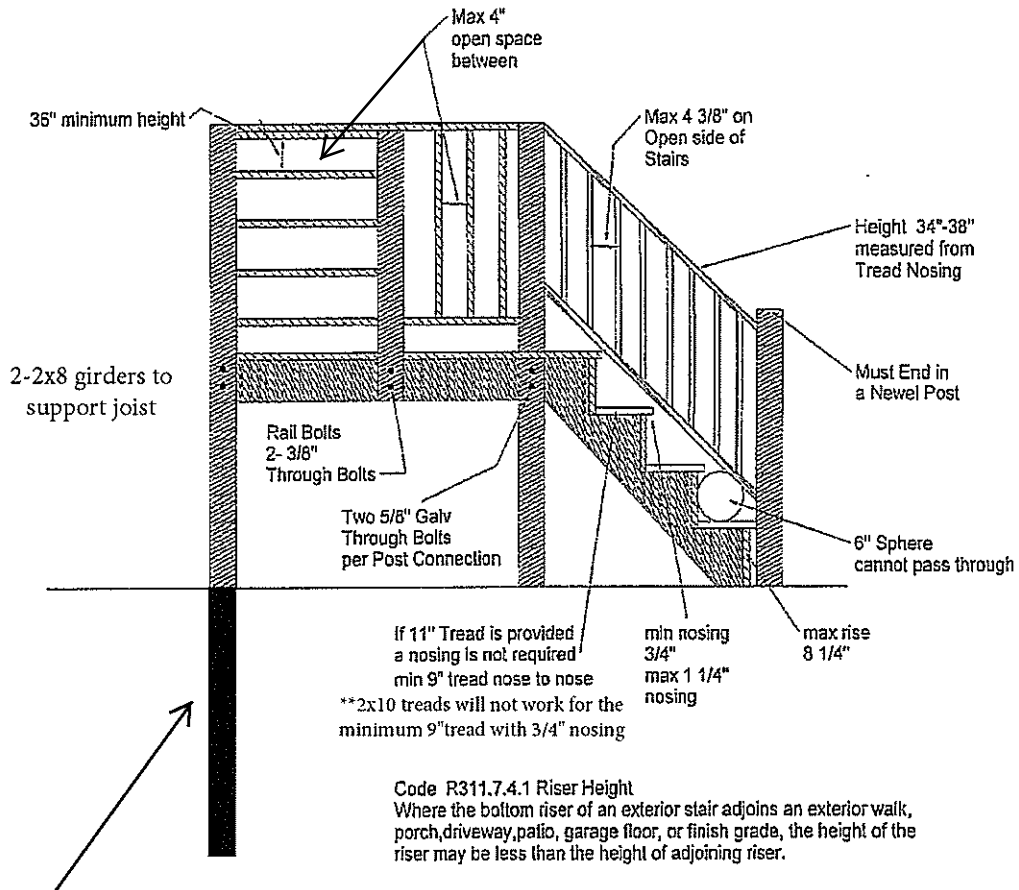
Printed Name of Notary Public

My commission expires: _____

(Notary Stamp or Seal)

Note: This affidavit is used for construction projects that exceed \$30,000. It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law – G.S. 14-209.

Residential
EXTERIOR STAIRS ONLY
Maximum width of
stairway = 4'0"



WALKWAYS OVER DUNES OR BERMS IN OCEAN HAZARD AREAS

* Posts for walkways over dunes or berms shall be embedded a minimum depth of 4'0" and post heights shall be limited to 5'0" above grade for 4 x4 and 10' 0" above grade for 6 x6.

Walkways or portions of walkways over 4'0" in width shall comply with the requirements of Chapters 45 and 46 of the NC Residential Code. Maximum walkway surface height is 30" above grade without guard rails.

** Walkway stair runs can be greater than 12' without a landing.

** Public Beach Access Stairs are required to meet the NC 2012 Commercial Building Code Standards and Accessibility Codes these access stairs must be designed by an NC Design Professional.

I agree to construct the beach access stairs to these standards or provide a sealed design professional drawing

Signature

Date