

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

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: _____

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 _____