



Franklin County Planning & Inspections Department
Unlicensed Contractor Supplemental Form

127 S Bickett Blvd
Louisburg, NC 27549
(919) 496-2281

As the HOMEOWNER or PROPERTY OWNER, I give permission to the unlicensed person, firm or corporation proposing to do work at the project address listed below. I understand that the person, firm or corporation proposing to perform work on my home or property is NOT licensed by the NC licensing Board for General Contractors, and the total cost I will pay for the work must be less than \$40,000.00. I understand that the subcontractors are required to contract directly with me as the homeowner or property owner and not the unlicensed person, firm, or corporation proposing to do the work.

Project Address: _____

Scope of Work: _____

Estimated Cost	
Building	
Electrical	
Mechanical	
Plumbing	
Total Cost	

Total estimated cost *must* include all materials, supplies, and labor for the entire scope of work for the project. All trade work is required to be completed by NC Licensed subcontractors.

In pursuant to NCGS 87-14 the following affidavit must be signed and notarized.

- The applicant is the owner of the property on which the building is being constructed and, if the applicant is a firm or corporation, that the person submitting the application is an owner, officer, or member of the firm or corporation that owns the property.
- The applicant will personally superintend and manage all aspects of the construction of the building and that the duty will not be delegated to any other person not licensed under this Article.
- The applicant will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes.

Unlicensed Person, Firm, or Corporation Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____ Date: _____

Homeowner or Property Owner Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Signature: _____ Date: _____

***MUST BE SIGNED BY BOTH PARTIES AND NOTARIZED**

Sworn/affirmed and subscribed before me on ____ day of _____ 20____.

Signature of Notary: _____

My commission expires: _____