COUNTY OF Heat 16#	PURSUANT TO G.S. 87-14 (a) (1
Inspection Department	
Parcel Identification Number and address where the building is to be construct	cted: PIN
Address 830 De mel QU' MRS	
Type of construction: Residential Commercial Industrial	Other
Intended use after completion (e.g. Personal residence):	
Building permit number associated with this application:	
1. Jodd A. Eslica (Print Full Name)	(Phone Number)
hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the	e relevant provision in paragraph 1
and initialing paragraphs 2-5 below attesting to the following:	
1. I certify I am the owner of the property set forth above on wh	nich a building is to be constructed or
altered and for which application for a building permit is hereby made	
OR  I am legally authorized to act on behalf of the firm or corpora	ation that is constructing or altering this
building on the property owned by the firm or corporation as set forth	
(Name of Firm or Corporation)	
2. 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 ur	nder the terms of Article 1, Chapter 87
of the General Statues of North Carolina.	
Will be on site regularly during construction and I will be per	
by the North Carolina State Building Code, unless the plans for the co	
drawn and sealed by an architect licensed pursuant to Chapter 83A of	of the General Statutes of North Carolina.
4I understand that by executing this licensing exemption AFF	IDAVIT pursuant to G.S. 87-1(b)(2), I am
required by law to occupy the building for which the licensing exempt	tion is granted for twelve months after
completion, during which time it may not be offered for rent, lease or	
5. See I understand a copy of this AFFIDAVIT will be transmitted to	
General Contractors for verification I am validly entitled to claim an ex	
building construction or alteration specified herein. I further understar for General Contractors determines I am not entitled to claim this exe	
construction or alteration specified herein shall be revoked pursuant	
(1.1   61-	
Total A (ho	10/13/25
(Signature of Affiant)	(Date)
Sworn or affirmed and subscribed before me this tyle 2 day of	November 20 25
Joen Jean O	
(Signature of Notary Public)	(Notary Stamp or Seal)
(Printed Name of Notary Public)	
(NOTE: It is a class F felony to willfully commit perjury in any affida	evit taken pursuant to NC G.S. 14-209)