



**Town of Rowesville
129 Rowes Pump Dr
P.O. Box 495
Rowesville, SC 29133
803-534-2745**

RESIDENTIAL DISCLOSURE CERTIFICATION FORM



**Department of Building Safety
CC&I Services, LLC
4795 South Church St. Ext. - Suite 2
Roebuck, SC 29376
864-586-6111**

STATEMENT FOR INDIVIDUALS WANTING TO BUILD THEIR OWN HOMES
(THIS STATEMENT MUST BE RECORDED IN THE REGISTER OF DEEDS OFFICE OF SPARTANBURG COUNTY)

State Law requires residential construction to be performed by licensed residential builders and specialty contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own builder even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence. The building must be used for your own use and occupancy.

It may not be built for sale or rent.

If you sell or rent a building you have built for yourself within two years after construction is complete, the law will presume that you built it for sale or rent, which is a violation of this exemption. You may not hire an unlicensed person as your residential builder or contractor. It is your responsibility to make sure that people employed by you have licenses as required by state law and by county or municipal licensing ordinances. Your construction must comply with all applicable laws, ordinances, building codes and land use regulations.

I, _____, do hereby acknowledge that the residential building or structure
(please print name clearly)
was constructed by the owner as an unlicensed builder on property as identified on:

County Tax Map Parcel: _____ or Lot Number: _____ as recorded by

Plat Book: _____ Page _____ or as referred by Deed Book: _____ Page _____ and that this statement has

been recorded in the Register of Deeds Office of Spartanburg County on this date of:

Property Owner: _____ /
(signature) (printed name)

Builder of Dwelling:

Date:

Please place Notary Seal Below:

SWORN TO before me this _____ day
of _____, 20_____
_____(SEAL)
Notary Public for South Carolina
My Commission Expires: _____