CITY OF CHESTER

100 WEST END STREET CHESTER, SC 29706

OWNER-BUILDER FORM

NAME	DATE	
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The City of Chester understands that a As a public service to protect you and requires that you complete this form. Authority of the Codes of Laws of the Article 1, Section 40-59-260 is providing South Carolina State Law requires resi contractors, residential builders, and s an exemption to that law. The exemp your own builder even though you do family or two-family residence. You m be for your own use or your family's u or rent. If you sell or rent a building yo construction is complete, the law will is a violation of this exemption. You m or specialty contractor. It is your respon licenses required by state law and by construction must comply with all appr regulations. As owner/builder you are the register of deeds, indexed under the residential building or structure was con	d the investment in your property The Building Codes Enforcement State of South Carolina, 1976 as g the under signed owner builde idential construction to be done specialty contractors. You have to not have a license. You may built o not have a license. You may built but have built or improved yoursel presume that you built or improve onsibility to make sure that peop r county or municipal licensing of plicable laws, ordinances, building e required to file as a matter of put the owner's name in the grantor's onstructed by the owner as an un	A, The City of Chester Division under the amended Title 40, Chapter r this disclosure statement: by licensed general applied for a permit under your property, to act as wild or improve a one- burself. The building must e built or improved for sale if within two years after the red it for sale or rent, which n as your residential builder le employed by you have rdinances. Your ng codes, and zoning ublic record a notice with s index, stating that the
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ADDRESS:	ZONING	S
	T-T-T-	
OWNER BUILDER (S)		
PRINT NAME	AXEL	
WITNESS #1	WITNESS #2	
STATE OF SOUTH CAROLINA, CITY OF CHES date person acknowledged).	TER The foregoing instrument was ac By	knowledge before this (Name of

Sworn and subscribed before this _____ day of _____, 20____.

X_____ (NOTARY PUBLIC FOR SOUTH CAROLINA)

MY COMMISSION EXPIRES: _____