

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**

**N.C.G.S. 87-14**

THE UNDERSIGNED APPLICANT FOR BUILDING PERMIT NUMBER \_\_\_\_\_ BEING THE

CONTRACTOR       OWNER       OFFICER/AGENT OF THE CONTRACTOR OF OWNER

DO HEREBY AVER UNDER PENALTIES OF PERJURY THAT THE PERSON(S), FIRM(S) OR CORPORATION(S) PERFORMING THE WORK SET FORTH IN THE PERMIT:

\_\_\_\_\_ HAS/HAVE THREE (3) OR MORE EMPLOYEES AND HAVE OBTAINED WORKERS' COMPENSATION INSURANCE TO COVER THEM,

\_\_\_\_\_ HAS/HAVE ONE (1) OR MORE SUBCONTRACTOR(S) AND HAVE OBTAINED WORKER'S COMPENSATION INSURANCE COVERING THEM,

\_\_\_\_\_ HAS/HAVE ONE (1) OR MORE SUBCONTRACTOR(S) WHO HAS/HAVE THEIR OWN POLICY OF WORKER'S COMPENSATION COVERING THEMSELVES,

\_\_\_\_\_ HAS/HAVE NOT MORE THAN TWO (2) EMPLOYEES AND NO SUBCONTRACTORS,

WHILE WORKING ON THE PROJECT FOR WHICH THIS PERMIT IS SOUGHT. IT IS UNDERSTOOD THAT THE CENTRAL PERMITTING DEPARTMENT ISSUING THE PERMIT MAY REQUIRE CERTIFICATES OF COVERAGE OF WORKER'S COMPENSATION INSURANCE PRIOR TO ISSUANCE OF THE PERMIT AND AT ANY TIME DURING THE PERMITTED WORK FROM ANY PERSON, FIRM OR CORPORATION CARRYING OUT THE WORK.

FIRM NAME: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

OFFICIAL SEAL

\_\_\_\_\_  
SIGNATURE OF NOTARY

\_\_\_\_\_  
PRINTED NOTARY NAME

MY COMMISSION EXPIRES: \_\_\_\_\_, 20 \_\_\_\_\_