

**Affidavit of Workers' Compensation Coverage**  
**N.C.G.S. § 87-14**

The undersigned applicant for Building Permit #\_\_\_\_\_ being the

\_\_\_\_\_Contractor      \_\_\_\_\_Owner      \_\_\_\_\_Officer/Agent of the Contractor or Owner

do hereby swear or affirm 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 or more subcontractor(s) and have obtained workers' compensation insurance covering them,

\_\_\_\_\_has/have one or more subcontractor(s) who has/have their own policy of workmen'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 Inspection Department issuing the permit may require certificates of coverage of workers' 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.

Contractor or owner shall notify the town in the event that coverage ceases or changes during the pendency of an active permit.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to (or affirmed) and Subscribed before me

This the \_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

(Notary Stamp or Seal)

My Commission Expires:\_\_\_\_\_