

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 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 no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' 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 Inspections Department issuing the permit may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

**The following signature must be notarized below!**

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

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

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

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I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County and the State of North Carolina, do hereby certify that \_\_\_\_\_ personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Public Signature