



**AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE
N. C. GENERAL STATUTE 87-14**

_____, Contractor

_____, Owner

_____, Officer/Agent of the Contractor or Owner does 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 worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained worker's compensation insurance to cover them,

_____ has/have one or more subcontractor(s) who have their own policy of worker's compensation insurance covering themselves,

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought, and other projects in which permits are issued 12 months from this date shown below, and as required by Chapter 97 of the N.C. General Statutes. It is understood that the Inspection Department issuing a permit may require certificates of coverage of worker's compensation insurance prior to issuance of any permit at any time during the permitted work from any person(s), firm(s), or corporation(s) carrying out the work. All workers' compensation coverage must continue in effect for the permit duration.

Name: _____ Signature: _____
(Please Print)

Title: _____ Date: _____

County of _____, State of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

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

(Official Seal)

Notary Public

My Commission expires _____, 20_____.