

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE AND STATE
PRIVILEGE LICENSE REQUIREMENTS
N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the
_____ Unlicensed _____ Owner _____ Officer/Agent of the Contractor
Contractor

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 or more subcontractor(s) and have obtained worker's 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,

_____ has/have paid the licensing tax for General Contractors as required by the Revenue Act of the State of North Carolina (if project cost exceeds \$5,000 and is not owner of the property),

_____ has renewed Contractors License,

_____ has/have applied for permit where the cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S. 87-14,

_____ has/have applied for permit under owner exception to the licensing requirements mandating occupancy of the premise for 12 months following completion of the project, while working on the project for which this permit is sought.

It is understood that the Permit Center 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. SIGNATURES ARE TO BE WITNESSED BY INSPECTIONS PERSONNEL OR NOTARIZED.

Firm Name: _____

By: _____ Title: _____

Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20

_____ Official Seal
Signature of Notary Notary Public

My commission expires _____, 20_____.