



## AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

CATAWBA COUNTY PERMIT CENTER

25 Government Dr. / P.O. Box 389, Newton, NC 28658

Phone 828-465-8399 | Email: [permitapps@catawbacountync.gov](mailto:permitapps@catawbacountync.gov)

COMPLETION OF THIS IS REQUIRED BY [G.S. 87-14](#) WHEN THE PROJECT COST IS  
\$40,000 OR MORE

The law provides that any person, firm, or corporation making application for a Building permit where the project cost is \$40,000 or more shall, before he is entitled to such permit, furnish "satisfactory proof" to the building inspector that "he has in effect workers' Compensation Insurance as required by [Chapter 97 of the General Statutes](#)."

### AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. 87-14

The undersigned applicant for **Application Ref #** \_\_\_\_\_ at **Address** \_\_\_\_\_  
being the

\_\_\_\_\_ Contractor      \_\_\_\_\_ Owner      \_\_\_\_\_ Officer / Agent of the contractor or owner

Do hereby 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 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 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: \_\_\_\_\_