



# TOWN OF CARRBORO

301 WEST MAIN STREET  
CARRBORO, NORTH CAROLINA 27510

## INSPECTIONS DIVISION

(919) 918-7336

### AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

NCGS §87-14

THE UNDERSIGNED APPLICANT FOR BUILDING PERMIT # \_\_\_\_\_, BEING THE

\_\_\_\_\_ CONTRACTOR

\_\_\_\_\_ OWNER

\_\_\_\_\_ OFFICER/AGENT OF THE CONTRACTOR OR OWNER

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 worker's compensation insurance to cover them.

\_\_\_\_\_ has/have one (1) or more subcontractor(s) and have obtained worker's compensation insurance covering them.

\_\_\_\_\_ has/have one (1) 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 worker's compensation covering themselves.

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors.

WHILE WORKING ON THE PROJECT FOR WHICH THIS BUILDING PERMIT IS SOUGHT. IT IS UNDERSTOOD THAT THE INSPECTIONS DEPARTMENT ISSUING THE BUILDING PERMIT MAY REQUIRE CERTIFICATES OF COVERAGE AND/OR WAIVERS OF WORKER'S COMPENSATION INSURANCE COVERAGE PRIOR TO ISSUANCE OF THE BUILDING PERMIT AND AT ANY TIME DURING THE PERMITTED WORK FROM ANY PERSON, FIRM, OR CORPORATION CARRYING OUT THE WORK.

**[PLEASE PRINT THE REQUESTED INFORMATION]**

<b>FIRM NAME:</b>	
<b>BY:</b>	
<b>TITLE:</b>	
<b>DATE:</b>	