111 West Vine Street
Murfreesboro, TN 37130
Tele: 615-893-3750
Fax: 615-217-3016

CITY OF MURFREESBORO
BUILDING AND CODES DEPARTMENT
CONDITION OF A BUILDING PERMIT

Permit Number: _____

AFFIDAVIT OF EXEMPTION UNDER T.C.A. SECTION 13-7-211

I hereby swear or affirm that I am applying for a building permit from the Building and Codes Department of the City of Murfreesboro and that I am exempt from the requirements of T.C.A. Section 13-7-211 requiring proof of workers' compensation insurance because:

[ ] A. I am performing work on my own property in my own county of residence; OR

[ ] B. I am directly supervising work on my own property in my own county of residence; OR

[ ] C. I am not required to have coverage under the Tennessee Workers' Compensation Law, Title 50, Chapter 6 of the Tennessee Code Annotated.

Signed this ____ day of _____, 20___.

_____
Permit Applicant Signature

_____
Permit Applicant Printed Name

STATE OF TENNESSEE)
: ss
COUNTY OF RUTHERFORD)

Before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared _____, with whom I am personally acquainted or who proved to me on the basis of satisfactory evidence, that he/she executed the within and foregoing instrument for the purposes therein contained.

WITNESS MY HAND and seal this ____ day of _____, 20___.

_____
Notary Public

My Commission Expires: _____ (seal)