



Town of Apex Building Inspections and Permitting
Phone: 919-249-3418 **Email:** ePermit.Notify@ApexNC.org

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

N.C.G.S. § 87-14

The undersigned applicant for Building Permit # _____ being the

- ☐ 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 (check 1 box under General Contractor and 1 box under Subcontractors):

General Contractor:

- ☐ Has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,
- ☐ Has/have not more than two (2) employees,

Subcontractors:

- ☐ Has/have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,
- ☐ Has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering themselves,
- ☐ Has no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of workers' compensation insurance 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 (if applicable): _____

By (print name): _____ Title: _____

Signature: _____ Date: _____