CITY OF MEBANE WORKERS COMPENSATION FORM

Mailing Address: 106 E. Washington St. Mebane NC 27302
Physical Address: 102 S. Fifth St. Mebane NC 27302
Phone: (919) 563-9990
inspections@cityofmebane.com

The undersigned applicant building permit #_____ being the
( ) Contractor ( ) Owner ( ) Officer/Authorized 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 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 (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 permits may require certification of coverage of workers compensation insurance prior to issuance of the permit and at any time during the permitting work from any person, firm or corporation carrying out the work.

Firm Name: _____ By: _____

Title: _____ Date: _____

License Status

I understand that I am signing this document under oath: I certify that I am making a truthful statement. I have read G.S. Sections 87.1 and 87.14 as amended July 6, 1992, which are printed below. I have entered a construction contract where the cost of the undertaking exceeds $40,000.00; the contract, whether written or oral, is in the exact name as listed with the North Carolina Licensing Board for General Contractors. I am not in a partnership (including any "joint venture" (unless in compliance with 21 N.C.A.C. 12.0207) with any unlicensed entity. I certify that I am presently licensed under the name _____ and under license number _____. My license is active and in good standing and I have filed all necessary renewal forms with the North Carolina Licensing Board for General Contractors. I am not presently under any disciplinary order issued by the North Carolina Licensing Board for General Contractors which disqualifies me for a building permit. I certify to this Building Inspections Department that I have paid license tax(es) as required by the N.C. Department of Revenue: I have in effect all required workers' compensation insurance coverage. I have filled out the attached worksheet/affidavit regarding workers' compensation and I agree to submit certificates of insurance coverage upon the request of the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain workers' compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all

CITY OF MEBANE WORKERS COMPENSATION FORM
Mailing Address: 106 E. Washington St. Mebane NC 27302
Physical Address: 102 S. Fifth St. Mebane NC 27302
Phone: (919) 563-9990
inspections@cityofmebane.com

workers' compensation coverage required by law. I understand that a licensed general contractor must pay a $5.00 fee upon applying for a residential permit pursuant to G.S. 87.13.3 "Homeowner's Recovery Fund" Act of North Carolina, $4.00 of which the permitting official shall forward to the North Carolina Licensing Board of General Contractors. I understand that the unlicensed practice of general contracting is a criminal offense under G.S. Section 87.13 and that I may be sued by the North Carolina Licensing Board for General Contractors for an injunction if I practice without a license as required by law. I also understand that, under North Carolina case law, an unlicensed practitioner may be barred from recovery of any civil damages if the job owner refuses to pay me. I have been informed that any authority issuing a building permit to an unlicensed contractor where a license is required may be found guilty of a misdemeanor and I certify that this Department may rely on my statement as a truthful statement regarding the status of my license.

For The Owner/Applicant to Sign

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered a construction contract where the cost of the undertaking exceeds $40,000.00. I have read G.S. Section 87.1, which is printed below. I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which, I understand from reading G.S. Section 87.1 below, includes construction superintending and managing in addition to, among other things, signing written contracts. I intend to retain the finished house (or other project) exclusively for my own use; I am not building a "speculation" project with the intention of selling the project once it is completed. I will occupy the property for at least one year following completion of construction. I understand that building a "spec" project without proper licensure is a violation of G.S.87.1 and G.S. 87.13; this may be a criminal offense. Also, I understand that under G.S. Section 87.13.3, the "Homeowner's Recovery Fund", no homeowner acting as a general contractor has any right of recovery. I have filled out the attached worksheet/affidavit regarding workers' compensation, and I certify either that I am not required by law to carry such coverage or that I will agree to submit certificates of insurance coverage upon demand by the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain workers' compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

This the _____ day of _____, 20 _____

Name _____ Title_____

Sworn to and subscribed before me this the _____ day of_____, 20 ____

Notary Public _____ My Commission Expires_____