



Bryce A. Stuart Municipal Building
Suite 328, 100 East First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511

Phone: (336) 727-2624

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE

The undersigned applicant for Building Permit Number _____ being the
Unlicensed Owner Officer/Agent of the Contractor/or Owner
License Number _____

do hereby swear 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 no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' compensation covering themselves,

has/have not more than two (2) employees and no subcontractors,

has/have paid the licensing tax for General Contractor's as required by the Revenue Act of the State of North Carolina and have obtained a state bidders license.

has/have applied for permit where the cost is under \$40,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S. 87-14,

has/have applied for permit under owner exception to the licensing requirements (mandating occupancy of the premise for 12 months following completion of the project if project value exceeds \$40,000.00),

While working on this project for which this permit is sought. It is understood that the Winston-Salem/Forsyth County Inspections Division may require certificates of coverage and/or waivers of worker's compensation insurance coverage prior to issuance of the permit. This document must be signed by the person, firm, or corporation appearing as the contractor on the building permit.

Firm Name _____

By _____ Title _____

Signature _____ Date _____