TOWN OF BURNSVILLE BUILDING INSPECTIONS

Affidavit of Workers' Compensation Coverage

North Carolina General Statutes 87 and 97

The undersigned applicant for Building Permit Number_____being the

____Unlicensed Contractor ____Licensed Contractor License #_____

does hereby under penalties of perjury that the person(s) firm(s) or corporations(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 (1) or more subcontractors and have obtained workers' compensation insurance to cover them.

___ Has/ have one or more subcontractor(s), who has/have no employees and have waived in writing their right to coverage by their contractor or if required have their own policy.

___ Has/had not more than two (2) employees and no subcontractor.

___ Has/have paid the licensing tax for general contractors as required by the revenue act of the State of North Carolina.

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

While working on the project for which the permit is sought. It is understood that the Town of Burnsville Building Inspections Department may require certificates of coverage and/ or waivers of worker's compensation insurance prior to issuance of a permit

Signatures are to be witnessed by Inspections Staff member or notarized	
Name:	
Title:	
Signature:	Date:
Staff Witness:	

Sworn and subscribed before me this_____ day of _____ _____

_____Signature of Notary

My commission expires_____ , 20_____