

**Sampson County Inspection and Planning Department**

**AFFIDAVIT OF WORKER'S 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 \_\_\_\_\_

do hereby affirm 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 worker's compensation insurance to cover them.

\_\_\_\_\_ has/have one or more subcontractor(s) and have obtained worker's compensation insurance covering them.

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy of worker's Compensation covering themselves.

\_\_\_\_\_ has/have not more than two (2) employees and 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 worker's 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.

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_