

WAKE COUNTY  
Inspections/Development Plans/Permits  
AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE  
NORTH CAROLINA GENERAL STATUTES 87 AND 97

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

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 no employees and has waived in writing their right to coverage by their contractor or, if required, have their own policy of workmen's compensation covering themselves,
- has/have not more than two (2) employees and no subcontractors,
- has/have applied for permit where the project cost is under \$30,000 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 by mandating occupancy of the premise for 12 months following completion of the project,

while working on the project for which this permit is sought. It is understood that the Wake County Inspections/Development Plans/Permits Division may require certificates of coverage and/or waivers of workers' compensation coverage prior to issuance of the permit.

***Signature to be witnessed by the Plan Review Official or Notorized.***

This document must be signed by the owner of the proprietorship, partner in the partnership, officer of the corporation, or manger of the Limited License Corporation appearing as the contractor on the building permit.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

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

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Official Seal  
Notary Public

Signature of Notary

\_\_\_\_\_

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Plan Reviewers Initials: \_\_\_\_\_