

Application Date: _____

Application #: _____

Craven County

Inspections Department
2828 Neuse Blvd.
New Bern, NC 28562
Inspections (252) 636-4987, Fax (252) 636-4984

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 of 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 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 ore more subcontractor(s) who has/have their own policy of workmen'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 Inspections 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.

Firm name: _____

By: _____

Title: _____

Date: _____