

Application Date: _____

Application #: _____

*Craven County Inspections Department
2824 Neuse Boulevard
New Bern, NC 28562
(252) 636-4987, Fax (252) 636-4984*

www.cravencountync.gov



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 or 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.

Worker's Compensation Insurance # _____ Expiration Date: _____

Firm Name: _____

By: _____

Title: _____

Date: _____