



Building & Development Services
405 Martin Luther King Jr Blvd Chapel Hill, NC
Building/ Zoning 919-968-2718 or 919-969-5066
Email: permits@townofchapelhill.org or zoning@townofchapelhill.org

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. 87-14

The undersigned applicant for Building Permit _____ being the:
(Property Street Address)

Contractor Owner Officer/Agent of the Contractor or 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 workers' compensation insurance to cover them,

has/have one or more subcontractor(s) and have obtained workers' compensation insurance to cover them,

has/have one or more subcontractors who has/have their own policy of workers' 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 workers' compensation insurance prior to issuance of the permit and it may at any time during the permitted work from any person, firm or corporation carrying out the work. By signing my name below or providing an authenticated electronic or digital signature (such as is provided through services like DocuSign or Dotloop), I attest that the information provided is true and valid to the best of my knowledge.

Firm Name: _____

Signed By: _____

Print Name: _____ Date: _____

Title: _____