



TOWN OF MONTREAT

ZONING AND INSPECTIONS DEPARTMENT
P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002, ext. 303
Fax: (828)669-3810
www.townofmontreat.org

AFFIDAVIT OF WORKERS 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

does 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 (1) or more sub-contractor (s) and have obtained workers compensation insurance covering them;
Has/Have one (1) or more sub-contractor (s) who has/have their own policy of workmen's compensation covering themselves,
Has/Have not more than two (2) employees and no sub-contractors, 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 or at any time during the permitted work from any person, firm or corporation carrying out the work.

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_
By: \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public of the County and State aforesaid, certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the voluntary execution of the foregoing instrument.

Witness my hand and official stamp or seal, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

[Notarial seal]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed or printed name of Notary

My Commission expires: \_\_\_\_\_