CAMDEN COUNTY
BUILDING INSPECTIONS DEPARTMENT
P.O. BOX 190, CAMDEN, NC, 27921
252-338-1919 EXT 227
FAX : 252-333-1603

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

The undersigned applicant for Building Permit No. _____ being the ☐ Contractor, ☐ Owner, ☐ Officer/Agent of the Contractor or Owner, hereby affirms 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 has/have obtained worker's 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) one or more subcontractor(s) who has/have their own policy of worker's compensation covering themselves; or**
- ☐ **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 any time during the permitted work for any person, firm or corporation carrying out the work.

FIRM NAME: _____

BY: _____

TITLE: _____

DATE: _____

Revise 04/22/2008