



**Haywood County Inspections Department**

157 Paragon Pkwy, Ste 200 • Clyde, NC 28721

Phone: 828-452-6638

Fax: 828-452-6791

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE**

N.C.G.S. § 87-14

The undersigned applicant for Building Permit Number \_\_\_\_\_ 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 workers' 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 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 at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Official Seal  
Notary Public

\_\_\_\_\_  
Signature of Notary

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.