950 Steeple Square Court Knightdale, NC 27545 (v) 919-217-2241 (f) 919-217-2249

## TOWN OF KNIGHTDALE / WAKE COUNTY BUILDING INSPECTIONS AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE NORTH CAROLINA GENERAL STATUTES 87 AND 97

The undersigned applicant	or Building Permit Number	, being the:	
Unlicensed Contrac	tor Owner C	fficer/Agent of the Contractor/Own	
do hereby positively declare set forth in the permit <i>(chec</i>		the person(s), firm(s), or corporation	on(s) performing the work
· · ·		btained workers' compensation insers' compensation insers' compensation insurance to cover	` '
		as/have no employees and have wa ir own policy of workers' compensa	
has/have not more	than two (2) employees and no	subcontractors,	
has/have paid the li	censing tax for General Contra	ctors as required by the Revenue A	Act of the State of NC,
	r permit where the project cost requirements specified by G.S	is under \$30,000 and I am therefor . 87-14,	re exempt from Licensed
	r permit under owner exceptior nths following completion of the	n to the licensing requirements by n e project,	nandating occupancy of the
may require certificates of opermit. This document mus	overage and/or waivers of work t be signed by the owner of a p	. It is understood that the Wake Co kers' compensation insurance cove proprietorship, partner in a partners the contractor on the building pern	rage prior to issuance of the hip, officer or manager of a
NOTE: Signature to be either	er witnessed by a representativ	e of the Town of Knightdale or Not	arized.
FIRM/PROPERTY OWNE	R NAME:		
OFFICER/PARTNER/FIRE	M OWNER:		
TITLE:	SIGNATURE:		DATE:
WITNESSED:			PLAN REVIEWER
Sworn to and subscribed be	efore me this day of	, 20	INITIALS
NOTARIZED:			
	(SEAL)	My Commission	
Signature of Notary	` ,	Expires on	, 20