

Town of Swansboro
Planning and Inspections Department
601 W. Corbett Avenue • Swansboro, NC 28584
Phone: (910)326-4428 • Fax: (910)326-3101
www.swansboro-nc.org

(This form is required only if improvements are valued at \$40,000 or more pursuant to NCGS Section 87-14)

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE

The undersigned applicant for a Building Permit, being the:

- ☐ **Contractor**
☐ **Owner**
☐ **Officer/Agent of the Contractor**
☐ **Officer/Agent of the Owner**
☐ **Other Participant: (please specify):** _____

Do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit; (*check appropriate box or boxes below*)

- ☐ Has/Have three (3) or more employees and have obtained workers' compensation insurance to cover them, or;
☐ Has/Have one or more subcontractor(s) who has/have obtained workers' compensation insurance covering them, or;
☐ Has/Have one (1) or more subcontractor(s) who has/have their own policy of workers' compensation covering themselves, or;
☐ Has/Have not more than two (2) employees and subcontractors.

While working on this project for which this permit is sought. It is understood that the Inspections 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.

By: (please print and sign*) _____

Firm Name: _____

Title: _____ **Date:** _____

* *Electronic signatures will not be accepted.*