

Director: Jacob Patrick



WILKES COUNTY
INSPECTIONS DEPARTMENT
AFFIDAVIT OF WORKERS COMPENSATION COVERAGE
N.C.G.S. 87-14

Wilkes County
Inspections Department
110 North Street
Wilkesboro, NC 28697
336.651.7303
336.651.7567 (fax)

The undersigned applicant for Building Permit # _____ being the Contractor _____, Owner _____, or 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 permits:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one (1) or more subcontractor(s) and have obtained workers' compensation Insurance covering them,

_____ has/have one (1) or more subcontractor(s) who has/have their own policy of workmen's 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 the work.

Firm Name: _____

Signature: _____

Title: _____

Date: _____

Signatures by Owner, Contractor, and/or Agent must be sworn and subscribed to below if they do not sign before a Building Inspector at the Wilkes County Inspections Office.

State of: _____

County of: _____

Signed and Sworn to (or affirmed) before me this day by _____ (name of principal).

Date: _____

(Official Seal)

Official Signature of Notary

Notary's printed or typed name

My commission expires: _____