



**GUILFORD COUNTY
Inspections Department**

**AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE
N.C.G.S. 87-14**

Download and open PDF file before entering information

Submit this form with a complete building permit application package to
https://citizenaccess.guilfordcountync.gov/energov_prod/selfservice#/home

REQUIRED FOR JOBS EXCEEDING \$40,000

The undersigned applicant for building permit(s) to

(Project Description)

Located at _____, being the:
(Address)

____ Contractor ____ Owner ____ Officer/Agent of the Contractor or Owner

do hereby affirm under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit(s):

____ 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 workers' 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 Guilford County Inspections Department issuing the permit may require certificates of coverage for workers' compensation insurance before 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: _____

Signature: _____ Date: _____