



Affidavit of Workers' Compensation Form



Bryce A. Stuart Municipal Building
Suite 328
100 E. First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511

Phone: 311 or (336) 727-8000
Fax: (336) 727-2792

The undersigned applicant for Building Permit Number _____ being the

() Unlicensed () Owner () Officer/Agent of the Contractor/or Owner
License Number _____

do hereby swear 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 workers' compensation insurance covering them,
- () has/have one or more subcontractor(s), who has/have no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers' compensation covering themselves,
- () has/have not more than two (2) employees and no subcontractors,
- () has/have paid the licensing tax for General Contractor's as required by the Revenue Act of the State of North Carolina and have obtained a state bidders license,
- () have/has applied for permit where the cost is under \$30,000 and I am therefore exempt from Licensed General Contractor requirements specified by G.S. 87-14,
- () has/have applied for permit under owner exception to the licensing requirements (mandating occupancy of the premise for 12 months following completion of the project if project value exceeds \$30,000.00),

while working on this project for which this permit is sought. It is understood that the Winston-Salem/Forsyth County Inspections Division may require certificates of coverage and/or waivers of workers' compensation insurance coverage prior to issuance of the permit. This document must be signed by the person, firm, or corporation appearing as the contractor on the building permit. Signatures are to be witnessed by Inspections personnel or notarized.

Firm Name: _____

By: _____ Title: _____

Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature of Notary or Inspections Division Employee

Official Seal Notary Public

My commission expires _____, 20 _____



AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE INSTRUCTIONS



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The following page contains the affidavit form mandated by state law of verify: workers' compensation insurance; payment of the state licensing tax for general contractors; validity of homeowners exemption for the licensing requirements; and, validity of unlicensed contractors exemption for project cost.

This affidavit must be submitted to receive a Building Permit.

This affidavit must be signed by the contractor or his/her authorized agent with an Inspections Division employee as a witness or a notarized affidavit will be required.

An affidavit will be required to be submitted for every building permit which you obtain. If you are getting multiple permits at the same time one affidavit form will suffice.