



CAMDEN COUNTY BUILDING INSPECTIONS DEPARTMENT

PO BOX 74, CAMDEN, NC 27921 PH: 252-338-1919 EXT 227 FAX: 252-333-1603

Email: Permits@camdencountync.gov

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

The undersigned applicant for Building Permit # _____ being the
_____ **Contractor**, _____ **Owner**, _____ **Officer/Agent of the Contractor or Owner**

Do hereby waiver under penalties of perjury that the person, firm, or corporation 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 subcontractors and have obtained workers' compensation insurance to cover them.

_____ has/have one or more subcontractors 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 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 out the work.

Firm Name: _____

Signature: _____

Title: _____

Date: _____