



**DURHAM CITY-COUNTY INSPECTIONS  
DEPARTMENT**

101 City Hall Plaza, Ground Floor, Suite 400, Durham NC, 27701  
Phone: (919) 560-4144  
www.durhamnc.gov

Inspections

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

The undersigned applicant for Building Permit Number \_\_\_\_\_,  
\_\_\_\_\_, being the:  
(address)

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ Officer/Agent of the Contractor or Owner

do hereby aver 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 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 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.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_