



**TOWN OF WINTERVILLE INSPECTIONS
DEPARTMENT**

2936 CHURCH ST.

P.O. BOX 1459

WINTERVILLE, NC 28590

PHONE – 252-215-2419 Fax – 252-756-6647

AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE

N.C.G.S. § 87-14

The undersigned applicant for project located at _____

_____ being the:

(Please print name in one below)

_____ 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 worker's compensation insurance to cover the,

_____ has / have one or more subcontractor(s) and have obtained worker's compensation insurance to cover them,

_____ has / have one or more subcontractor(s) who has / have their own policy of worker's compensation insurance covering themselves,

_____ has / have not more than two (2) employees and no subcontractors,

while working on this project for which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage of worker's 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: _____