



**TRANSYLVANIA COUNTY  
NORTH CAROLINA**

**BUILDING PERMITTING AND ENFORCEMENT**  
[www.transylvaniacounty.org/departments/building-permitting-and-enforcement](http://www.transylvaniacounty.org/departments/building-permitting-and-enforcement)  
PHONE: (828) 884-3209

**Workers Compensation Compliance  
(N.C. General Statutes 87- 1, 14 and 97 Compliance Verification)**

\_\_\_\_\_ As general contractor, I hereby certify that I have three (3) or more employees and have obtained workers compensation insurance to cover them as required by General Statute Chapter 97.

I am providing (attached) a certificate of insurance for workers compensation insurance to the Building Permitting and Enforcement Department.

I will maintain the required workers compensation insurance for the entire duration of any construction for which permits have been issued.

\_\_\_\_\_ As general contractor, I hereby certify that I have one or more subcontractor(s) and have obtained workers compensation insurance covering them.

\_\_\_\_\_ As general contractor, I hereby certify that I have one or more subcontractor(s) who has/have their own policy of workers compensation covering themselves.

\_\_\_\_\_ As general contractor, I hereby certify that I have not more than two (2) employees and no subcontractors.

If at any time, I employ three (3) or more employees, I will provide the Building Permitting and Enforcement Department from which I have obtained permits under an exempt status with the required certificate of insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name