TRANSYLVANIA COUNTY
NORTH CAROLINA

BUILDING PERMITTING AND ENFORCEMENT
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

Transylvania County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____.

Date: _____ _____ (Signature of Notary)

_____, Notary Public (Printed Name of Notary)

My commission expires: _____.