

WORKERS' COMPENSATION AFFIDAVIT FORM

The following page contains the affidavit form mandated by state law of verify: workers' compensation insurance; payment of the state licensing tax for general contractors; validity of homeowners exemption for the licensing requirements; and, validity of unlicensed contractors exemption for project cost.

This affidavit must be submitted to receive a building permit.

This affidavit must be signed by the contractor or his/her authorized agent with an Inspections Department employee as a witness or a notarized affidavit will be required.

An affidavit will be required to be submitted for every building permit which you obtain. If you are getting multiple permits at the same time one affidavit form will suffice.

**NORTHAMPTON COUNTY
INSPECTIONS DEPARTMENT
AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE**

The undersigned applicant for Building Permit Number _____ being the

() Unlicensed Owner () () Officer/Agent of the Contractor/or Owner
License Number _____

do hereby swear under penalties of perjury that the person(s), firm(s), or corporations(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 obtained their own policy of workers' compensation 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 Northampton County Inspections Department may require certificates of coverage and/or waivers of worker's compensation insurance coverage prior to issuance of the permit. This document must be signed by the person, firm, or corporation appearing as the contractor on the building permit. Signatures are to be witnessed by Inspections personnel or notarized.

Firm Name: _____

By: _____ Title _____

Signature: _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Official Seal Notary Public

My commission expires _____, 20_____