



# City of Boiling Spring Lakes

9 East Boiling Spring Road Boiling Spring Lakes, NC 28461

Phone ~ 910-294-0996 Web page ~ [www.cityofbsl.org](http://www.cityofbsl.org)

## APPENDIX D - N.C.G.S. § 87-14

The undersigned applicant for Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_ being the...

- Contractor
- Owner of the Property
- 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 (select **ONE** option below that applies):

- Has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,
- Has/have one (1) or more subcontractor(s) and have obtained worker's compensation insurance covering them,
- Has/have one (1) or more subcontractor(s) who has/have their own policy on worker'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 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.

State of \_\_\_\_\_

County of \_\_\_\_\_

Firm Name (N/A if None): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Sworn & subscribed to me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires on the \_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY'S PUBLIC SIGNATURE: \_\_\_\_\_

[OFFICIAL SEAL]