



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT
Confirmation of Subcontractor for Permitting

Sylva Office: 401 Grindstaff Cove Road, Suite 145, Phone: 828-586-7560 / Fax: 828-586-7563
 Cashiers Office: 357 Frank Allen Road, Phone: 828-745-6850 / Fax: 828-745-6867

CONFIRMATION OF SUBCONTRACTOR FOR: (JOB NAME) _____

GENERAL CONTRACTOR NAME: _____

IF PERMIT IS GRANTED I AGREE TO CONFORM TO ALL LAWS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK. I CONFIRM THAT THE INFORMATION LISTED BELOW IS TRUE AND ACCURATE.

Electrical Contractor		Notary Public Information	
Contractor Signature		Notary Public Signed	
Printed Company Name		Commission Date	
NC License #		(Notary Seal)	
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			

Plumbing Contractor		Notary Public Information	
Contractor Signature		Notary Public Signed	
Printed Company Name		Commission Date	
NC License #		(Notary Seal)	
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			

Mechanical Contractor		Notary Public Information	
Contractor Signature		Notary Public Signed	
Printed Company Name		Commission Date	
NC License #		(Notary Seal)	
Phone #			
Contractor's E-mail			
Date Signed			
County/State Signed In			



JACKSON COUNTY PERMITTING & CODE ENFORCEMENT
Affidavit of Worker's Compensation Coverage

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Per North Carolina General Statute 87-14

The undersigned applicant for Building Permit # _____ being the

_____ 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 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 their own policy of workman's compensation covering themselves,

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

_____ has/have applied for permit where the cost is under \$30,000 and I am, therefore, exempt from Licensed General Contractor requirements specified by G.S. 87-14,

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

Signature: _____ Title: _____

Sworn to (or affirmed) and subscribed before me in _____ County, this, the _____ day of _____, 20_____.

Notary Public: _____ Signed: _____
Printed Name *Signature of Notary*

My commission expires: _____

(SEAL)