Proof of Workers’ Compensation Coverage when Applying for a Building Permit for the **Sole Proprietor** or **Property Owner** who **WILL** act as General Contractor or Principal Employer

**APPLICANT FOR BUILDING PERMIT**

Name of Applicant for Building Permit

Property located at

In the City / Town of

**ATTEST**

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you **WILL** act as the general contractor or principal employer, you must provide proof of workers’ compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

- [ ] I am the **OWNER** of the above-named property. I **WILL** act as the general contractor or principal employer and, as such, will submit proof of workers’ compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

  Signature of **OWNER** Applicant

- [ ] I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I **WILL** act as the general contractor or principal employer and, as such, will submit proof of workers’ compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

  Signature of **SOLE PROPRIETOR** Applicant

- [ ] I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers’ compensation insurance coverage, but I will attest to the following:

  **AFFIDAVIT**

  I hereby swear and attest that I will require proof of workers’ compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers’ Compensation Act.

  Signature of **OWNER** or **SOLE PROPRIETOR** Applicant

  Name of Business—if applicable

  Federal Employer ID# (FEIN)—if applicable

  Subscribed and sworn to before me this ______________ day of ______________ , 200 ___.

  Signature of Notary Public / Commissioner of the Superior Court