

**THE FOLLOWING AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE MUST BE COMPLETED BY THE APPLICANT FOR THE BUILDING PERMIT AND THEIR SIGNATURE NOTARIZED!**

**AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE  
(N.C.G.S. §87-14)**

The undersigned applicant for Building Permit # 59785 being the:  
 Contractor       Owner       Officer/Agent of the Contractor or Owner

do hereby affirm 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 workmen'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 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.

**THE SIGNATURE OF THE QUALIFIER OF THE LICENSE MUST BE NOTARIZED BELOW.**

Firm or Company Name Adams Homes LLC  
 By [Signature] Title MANAGER  
 Date \_\_\_\_\_

I, SHELLEY A. SEPULVEDA, a Notary Public for ESCAMBAHA County and State of FLORIDA do hereby certify that WILLIAM OWEN ADAMS personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 1 day of MAY, 2023.

[Signature]  
 Notary Public Signature



My Commission Expires: 1-25-27  
 (SEAL)