

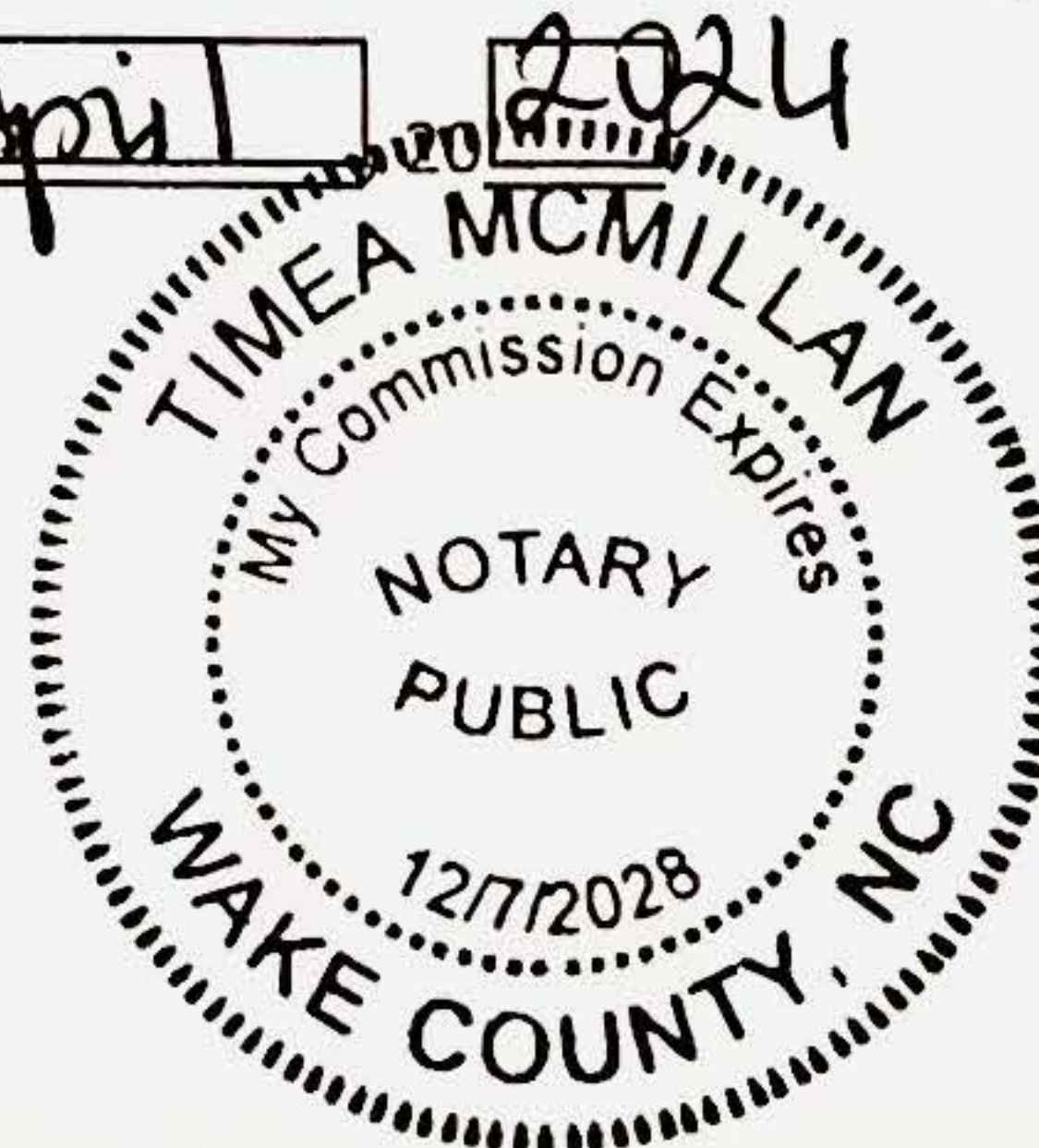
**Affidavit of Workers' Compensation Coverage**  
(N.C.G.S. §87-14)The undersigned applicant for Building Permit Number  being the:

- ☐ ... 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 workers' compensation insurance 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 of Company Name (If applicable):  CHAMBERLAIN HOMES LLCBy:  Franklin P. Barbree Jr. Title (If applicable): Date:  4.19.24I,  TIMEA MCMILLAN a Notary Public for  WAKE County and State of North Carolina dohereby certify that  FRANK BARBEE personally appeared before me this date and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the  4 day of  April,  2024Notary Public Signature:  TIMEA MCMILLANMy Commission Expires:  12/7/28**\*\*\*\*OFFICE USE ONLY\*\*\*\*****INSPECTIONS DEPARTMENT PLANS REVIEWED SECTION**

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_