

# Meade County Zoning Office

516 Fairway Drive Brandenburg, Kentucky 40108 Phone: 270-422-4676 FAX: 270-422-4845

## Certification of Contractor / Subcontractor for Building Permits

I hereby certify and affirm that the work being performed pursuant to the building permit issued for

(Description of Work)

At: \_\_\_\_\_

(Location of Job Site)

Applicant Name: \_\_\_\_\_ BP# \_\_\_\_\_

will be performed by the following contractor(s):

### ELECTRICAL:

Name of Contractor : \_\_\_\_\_

(Enter SELF) of all work will performed **by you personally**

Contractor License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Contractor Workers Comp Carrier (Attach Certificate of Insurance): \_\_\_\_\_

Contractor KY Unemployment Insurance Account #: \_\_\_\_\_

### PLUMBING:

Name of Contractor : \_\_\_\_\_

(Enter SELF) of all work will performed by you personally)

Contractor License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Contractor Workers Comp Carrier (Attach Certificate of Insurance): \_\_\_\_\_

Contractor KY Unemployment Insurance Account #: \_\_\_\_\_

### SEPTIC:

Name of Contractor : \_\_\_\_\_

Contractor Workers Comp Carrier (Attach Certificate of Insurance): \_\_\_\_\_

Contractor KY Unemployment Insurance Account #: \_\_\_\_\_

### BUILDING / CONSTRUCTION:

Name of Contractor : \_\_\_\_\_

Contractor Workers Comp Carrier (Attach Certificate of Insurance): \_\_\_\_\_

Contractor KY Unemployment Insurance Account #: \_\_\_\_\_

### SUBCONTRACTOR:

Name of Sub-Contractor : \_\_\_\_\_ General Contractor for this Sub: \_\_\_\_\_

Sub-Contractor Workers Comp Carrier (Attach Certificate of Insurance): \_\_\_\_\_

Sub-Contractor KY Unemployment Insurance Account #: \_\_\_\_\_

Name of Sub-Contractor : \_\_\_\_\_ General Contractor for this Sub: \_\_\_\_\_

Sub-Contractor Workers Comp Carrier (Attach Certificate of Insurance): \_\_\_\_\_

Sub-Contractor KY Unemployment Insurance Account #: \_\_\_\_\_

I understand that I must provide certification that each contractor and/or subcontractor maintains current KY Workers Compensation Insurance and Kentucky Unemployment Insurance or is not required to do so under Kentucky law for all work performed under this building permit. I further understand that if contractors are substituted or added to this project I must provide the contractor information to the Planning and Zoning office immediately to preclude invalidation of my permit.

Signature of Permit Applicant \_\_\_\_\_ (Date) \_\_\_\_\_ Printed Name: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ in Meade County, Commonwealth of Kentucky.

NOTARY: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

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## AFFIDAVIT FOR WORKERS COMPENSATION AND UNEMPLOYMENT INSURANCE COVERAGE EXEMPTION

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

JOB/PROJECT/BUILDING PERMIT: \_\_\_\_\_

- 1) (\_\_\_\_) I certify that because of my business / employer status I am not required to carry Workers Compensation Coverage under the laws of the Commonwealth of Kentucky. Further, that I do not employ any person or persons for which coverage would be required. The specific reason for this exemption is: (Specify the provision under the KRS that allows the exemption for your situation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) (\_\_\_\_) I certify that I do not employ any person or persons for which I am required to maintain Kentucky Unemployment Insurance under the laws of the Commonwealth of Kentucky.

- 3) I understand that misstatement, misrepresentation of employer status, or omission of any requirement to maintain workers compensation and/or Kentucky unemployment insurance coverage will result in a stop-work order on any work in progress under a Meade County building permit and may result in denial in future permits until documentation of coverage is provided.

\_\_\_\_\_  
Signature of Contractor or designated representative (Title) Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ in Meade County, Commonwealth of Kentucky.

NOTARY: \_\_\_\_\_ My Commission expires: \_\_\_\_\_