## **Meade County Zoning Office**

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

AFFIDAVIT FOR WORKERS COMPENSATION AND UNEMPLOYMENT INSURANCE COVERAGE EXEMPTION

NAME:			
BUSINESS NAME:			
ADDRESS:			_
CITY/STATE/ZIP:			<u>-</u>
PHONE NUMBER:			
IOB/PROJECT/BUILDING PER	MIT:		
Compensation Cove any person or perso	erage under the laws of the	Commonwealth of Kentulation Commonwealth of Kentulation (Commonwealth Commonwealth	ot required to carry Workers ucky. Further, that I do not empl lific reason for this exemption is: r situation)
	nat I do not employ any pers yment insurance under the		
to maintain workei stop-work order or	s compensation and/or Ken	itucky unemployment in r a Meade County buildi	s, or omission of any requiremen surance coverage will result in a ng permit and may result in deni
Signature of Contractor or o	esignated representative	(Title)	Date
Subscribed and sworn before Commonwealth of Kentuck		. 20	_ in Meade County,
NOTARY:		My Commission expires	: