

**Meade County Planning & Zoning Office**  
**516 Hillcrest Dr Suite 13, Brandenburg, KY 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):

**PRIMARY / GENERAL CONTRACTOR**

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 #: \_\_\_\_\_

**ELECTRIC:**

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 #: \_\_\_\_\_

I hereby certify 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 assume full responsibility and liability for the workers compensation and unemployment insurance status of all contractors and subcontractors performing work under this permit and will ensure that all such contractors maintain coverage as required by law.

\_\_\_\_\_  
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: \_\_\_\_\_