Proof of Workers' Compensation Coverage when Applying for a Building Permit for the **Sole Proprietor** or **Property Owner** who **WILL NOT** act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit ______________________________________________________

Property located at ______________________________________________________________________

in the City / Town of _____________________________________________________________________

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you **WILL NOT** act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

☐ I am the **OWNER** of the above-named property. I **WILL NOT** act as the general contractor or principal employer.

Signature of OWNER Applicant _____________________________________________________________

☐ I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I **WILL NOT** act as the general contractor or principal employer.

Name of Business ____________________________________________________________

Federal Employer ID# (FEIN) ___________________________________________________________

Signature of SOLE PROPRIETOR Applicant _______________________________________________