STATE OF CONNECTICUT WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors

(Conn. Gen. Stat. § 31-286b)

Property located at		Milford, Conn.
Name of permit applicant:		
Please check one:		
1 I am the owner of the ab	oove property.	
2I am the sole proprietor	of a business.	
2A. Name of business		
2B. Federal Employer Identifica	ation Number (FEIN)	-
Pursuant to § 31-286b, "a property owner or principal employer" may provide either notarized affidavitstating that he will remployed on the job site in accordance were check one:	a certificate of workers' co quire proof of workers' com	mpensation insurance or a "sworn
1 I do not intend to act as a (Sign and stop here)	a general contractor or princ	cipal employer.
		cipal employer Date
(Sign and stop here) Signature of 2 I intend to act as a gener	Applicant	Date mployer. Applicant must either
(Sign and stop here) Signature of 2 I intend to act as a gener	Applicant al contractor or principal er	Date mployer. Applicant must either
(Sign and stop here) Signature of 2 I intend to act as a gener provide a certificate of we have a subcontractor, or other worker before here.	Applicant al contractor or principal er orkers' compensation or sig Affidavit re proof of workers' compershe engages in work on the	Date mployer. Applicant must either gn the affidavit below. msation insurance for every contracto
(Sign and stop here) Signature of 2 I intend to act as a gener	Applicant al contractor or principal er orkers' compensation or sig Affidavit re proof of workers' compershe engages in work on the 568). G.S., officers of a corporating a waiver with the appropri	Date mployer. Applicant must either gn the affidavit below. nsation insurance for every contracto e above property in accordance with ion and partners in a partnership may priate District Office; and that a sole
(Sign and stop here) Signature of 2 I intend to act as a gener provide a certificate of w I hereby swear and attest that I will require subcontractor, or other worker before he/the Workers' Compensation Act (Chapter I understand that pursuant to § 31-275 C elect to be excluded from coverage by fili	Applicant al contractor or principal er orkers' compensation or sig Affidavit re proof of workers' compershe engages in work on the 568). G.S., officers of a corporating a waiver with the appropri	Date mployer. Applicant must either gn the affidavit below. nsation insurance for every contracto e above property in accordance with ion and partners in a partnership may priate District Office; and that a sole