

City of Mount Sterling

33 North Maysville Street
Mount Sterling, KY 40353

Robert Bliss, Building Department
Planning and Zoning Administrator

Telephone: (859) 498-8725
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AFFIDAVIT OF ASSURANCES **PURSUANT TO KRS 198B.060 (10)**

Case Number: _____

Project Name/Address: _____

City/County: _____

Comes the Applicant, (Please Print Name) _____

and states pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project, shall be in compliance with the Commonwealth of Kentucky requirements for Workers Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the _____ day of _____, 20_____

SIGNATURE OF APPLICANT

SIGNED BY PERSON PURCHASING PERMIT,
CONTRACTOR, OWNER OR OWNER'S AGENT

The foregoing Affidavit of Assurances was acknowledged and sworn

before me by _____, Applicant, on this
PRINT NAME OF APPLICANT
the _____ day of _____, 20_____

Notary Public: _____

My Commission Expires: _____

NOTE: This Affidavit of Assurances shall be submitted for any project under State jurisdiction and where there is no local building official. Persons claiming exemption to the Workers Compensation Laws should file an Affidavit of Exemption with the Kentucky Department Workers Claims, Division of Security & Compliance, 1270 Louisville Rd., Ky 40601 (800/554-8601).