



**BOURBON COUNTY JOINT
PLANNING OFFICE**

**525 High Street
Paris, KY, 40361
859.987.2150**

Building Permit No. _____

Applicant Name: _____

Job Site Address: _____

**AFFIDAVIT OF ASSURANCES
PURSUANT OF KRS 198B.060(10)**

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 341).

This the _____ day of _____, 20__

Contractor, Owner or Owner's Agent

The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20__.

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 20__