



City of London, Ky
Codes Enforcement Office
501 South Main Street
London, Ky 40741
Office Phone:(606)-864-8401

Project Name: _____
Permit Number: _____
Project address: _____
Parcel Number: _____
Owner or Owner's authorized agent: _____

**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 Worker's
Compensation Insurance (According to KRS Chapter 324) and Unemployment Insurance
(according to KRS Chapter 341).

This the _____ day of _____, 20____.

(Signature) _____
CONTRACTOR, OWNER OR AGENT

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

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 20____.

Any changes made during construction must be agreed to, in writing, by the Building
Inspector. The authorization to construct will become null and void if construction does
not begin within six (6) months of the date the building permit was issued.

Note: This Affidavit of Assurances shall be submitted for any project in the city limits of
London, Kentucky. Persons claiming exemption to the Workers' Compensation Laws
should file a Waiver with the Kentucky Department of Workers' Claims, Division of
Security & Compliance, 500 Mero Street, 3rd Floor, Frankfort, Kentucky 40601.
(1-800-554-8601).