

AFFIDAVIT OF EXEMPTION

(UNDER T.C.A. 13-7-211)

I, THE UNDERSIGNED, HEREBY SWEAR OR AFFIRM THAT I AM APPLYING FOR A BUILDING PERMIT FROM THE OFFICE OF PLANNING AND ZONING OF THE CITY OF DICKSON IN DICKSON COUNTY AND AM EXEMPT FROM THE REQUIREMENTS OF T.C.A. 13-7-211 (PROOF OF WORKERS' COMPENSATION INSURANCE) BECAUSE:

(CHECK ONE)

- _____ A. I AM NOT REQUIRED TO OBTAIN COVERAGE UNDER THE TENNESSEE WORKERS' COMPENSATION LAW. (I AM THE SOLE PROPRIETOR WITH 0 EMPLOYEES); OR
- _____ B. I AM PERFORMING WORK ON MY OWN PROPERTY IN MY OWN COUNTY OF RESIDENCE; OR
- _____ C. I AM DIRECTLY SUPERVISING WORK ON MY OWN PROPERTY IN MY OWN COUNTY OF RESIDENCE.

SIGNED THIS _____ DAY OF _____, 2004.

PERMIT APPLICANT

STATE OF TENNESSEE
COUNTY OF DICKSON

PERSONALLY APPEARED BEFORE ME, A NOTARY PUBLIC FOR THE SAID STATE AND COUNTY, _____, WHO AFFIRMED THE INFORMATION AND EXECUTED THE INSTRUMENT HEREIN ABOVE FOR THE PURPOSES CONTAINED THERIN.

NOTARY PUBLIC

AFFIX SEAL HERE

MY COMMISSION EXPIRES
