



Affidavit of Assurances

Campbell County & Municipal Planning & Zoning Commission

1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868

www.campbellcountyky.org

Project Address: _____

Project Name: _____

Here comes the Applicant, _____, and
(Print Applicant Name)
states, pursuant to KRS 198B.060(10), that all Contractors and Sub-Contractors 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_____.

Signature of Contractor, Property Owner or Owner's Agent

County of: _____

State of: _____

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

Notary Public: _____
Print Name

Signature

Notary of which state: _____ **Notary ID #:** _____

Commission Expiration Date: _____

Occupational Tax License #: County _____ City _____