

CITY OF MARYVILLE CODES DEPARTMENT

416 West Broadway Ave., Maryville, TN 37801 865-273-3500

**Affidavit of Exemption under T.C.A. §13-7-211
(Proof of Worker’s Compensation Insurance)**

PROJECT

PROJECT LOCATION / ADDRESS:	
PERMIT APPLICANT	NAME:
	ADDRESS:
	PHONE:

I, the undersigned, hereby swear or affirm that I am applying for a building permit from the Department of Codes Enforcement of the City of Maryville and am exempt from the requirements of T.C.A. §13-7-211 (proof of worker’s compensation insurance) because:

PLEASE CHECK ONE

- I am not required to obtain coverage under the Tennessee Worker’s Compensation Law, T.C.A. §50-6-101 et seq; or
- I am performing work on my own property in my own county of residence; or
- I am directly supervising work on my own property in my own county of residence.

Signed the _____ day of _____, 20____.

Permit Applicant

Personally appeared before me, a Notary Public for the said state and city, _____, who affirmed the information and executed the instrument herein above for the purpose contained therein.

_____ my commission expires _____
Notary Public