



OFFICE OF COUNTY MAYOR GLENN JACOBS

Department of Code Administration • Plans Review and Inspections
400 W. Main Street, Suite 552, Knoxville, TN 37902

Permit Number _____

AFFIDAVIT of EXEMPTION
(under T.C.A. §13-7-211)

I, the undersigned, hereby swear and affirm that I am applying for a:

Building Permit Use and Occupancy Permit

from the Knox County Department of Codes Administration and am exempt from the proof of Workers' Compensation Insurance requirements of T.C.A. §50-6-902 because:

(Check one)

_____ *A. I am not required to obtain coverage under the Tennessee Workers' Compensation Law T.C.A §50-6-903. (Must provide copy of Workers' Compensation Exemption Registration In accordance with T.C.A. §50-6-904)*

_____ *B. I am performing work on my own property in my own county of residence.*

_____ *C. I am directly supervising work on my own property in my own county of residence.*

_____ *D. I am applying for occupancy only with no work to be done.*

Signed this _____ day of _____, 20_____

Permit Applicant _____