



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7A

**Proof of Workers' Compensation Coverage when Applying  
for a Building Permit for the Sole Proprietor or Property Owner  
who WILL NOT act as General Contractor or Principal Employer**

**APPLICANT FOR BUILDING PERMIT**

Name of Applicant for Building Permit \_\_\_\_\_

Property located at \_\_\_\_\_

in the City / Town of \_\_\_\_\_

**ATTEST**

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

**CHECK ONE (1) BOX ONLY and complete the following:**

.....

☐ I am the **OWNER** of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant \_\_\_\_\_

.....

☐ I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business \_\_\_\_\_

Federal Employer ID# (FEIN) N/A \_\_\_\_\_

Signature of SOLE PROPRIETOR Applicant \_\_\_\_\_