



**City of Jeffersontown**  
 Department of Permitting and Enforcement  
 10416 Watterson Trail  
 Jeffersontown, KY 40299  
 Phone: (502) 267-8333 Fax: (502) 267-0547  
[jeffersontownky.gov](http://jeffersontownky.gov)

**Affidavit of Assurances  
 Pursuant of KRS 198B.060**

(Please Print)

Permit Location / Address: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Comes the Applicant, (Please Print Name) \_\_\_\_\_ and states pursuant to KRS 1988.060(10), that all contractors and subcontractors 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\_\_\_\_.

\_\_\_\_\_  
 CONTRACTOR, OWNER OR OWNER'S AGENT

The foregoing Affidavit of Assurances was acknowledged and sworn to before me by

\_\_\_\_\_, Applicant, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC  
 KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_\_\_.