



CITY OF O'FALLON

PUBLICLY FUNDED PROJECTS AFFIDAVIT

Building Safety Department
100 North Main Street, O'Fallon, MO 63366
636-379-5599 / 636-240-2000

This form is to be filled out whenever a commercial permit is applied for after January 30, 2006 when the project is funded with public money per Ordinance Number 4949.

DATE: _____ Project Funded with Public Money? Yes No

Project Name: _____

Project Address: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone No. _____

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1. I, the contractor, and my subcontractors have worker's compensation insurance to cover all our employees working on the above named project. Yes No
 2. I, the contractor, and my subcontractors have verified the U.S. citizenship or lawful status of all workers employed on the above named project. Yes No
 3. I, the contractor, and my subcontractors will pay the prevailing wages of the area to my workers. Yes No
 4. I, the contractor, and my subcontractors are in compliance with federal law requiring an accredited apprenticeship program if such law applies to the project. Yes No
 5. I, the contractor, understand that upon request of the City, I will produce proof of compliance with the above laws within 72 hours. Yes No

If this project is funded with public money, I understand by answering "No" to any of the above statements would be a violation of Ordinance Number 4949.

I hereby certify the above to be true and accurate in all respects to the best of my knowledge and belief.

Signature: _____ Date: _____

