

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

Insurance Information: _____

Name of Applicant: _____

Federal or State Employer I.D.
No. _____

Exemptions:

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons:

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

_____ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

_____ Religious exemption under Workmen's Compensation Law.

Notary:

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____ Stamp:

Signature

It is understood and agreed by this application that any error, misstatement or misrepresentation of material fact either with or without intention on the part of this applicant, such as might or would cause refusal to this permit or any change in use of structure of land made subsequent to the issuance of this permit with the approval of the Zoning Director, shall constitute sufficient ground for the revocation of this permit.

Applications and supporting documents can be submitted via email to CodeOffice@uppermakefield.org