



Permit No. _____

Date _____

PENN TOWNSHIP

20 Wayne Ave

Hanover, PA 17331

Telephone: 717-632-7366 Fax: 717-632-2464

www.penntwp.com

AFFIDAVIT OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

Basis for exemption (check only one):

☐

Applicant is an individual who owns the property.

☐

Contractor/Applicant is a sole proprietorship without employees

☐

Contractor/Applicant is a corporation and the only employees working on the project and are qualified as "executive employees" under Section 104 of the Worker's Compensation Act.

☐

All of Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act.

Name of Applicant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: _____ Fax#: _____

Applicant's federal or state employer identification number (EIN): _____

Please read the following carefully and sign below:

- A. Any subcontractor used on this project will be required to carry their own worker's compensation coverage.
- B. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
- C. Violation of the Worker's Compensation Act or the terms of the building permit will subject the contractor/policy holder to a stop work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained herein are true, and that I am subject to the penalty of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities.

Commonwealth of Pennsylvania, County of: _____

On this _____ day of, 20 ____ before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument.

Applicant Signature: _____ Title: _____

Name of Company _____

In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public: _____ Stamp/Seal: _____