

ADDENDUM TO BUILDING PERMIT

Municipality: Upper Allen Township
Date Issued _____
Permit No _____

I. The Applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits:

- _____ Certificate of Insurance (Please attach)
- _____ Certificate of Self-Insurance (Please attach)
- _____ Affidavit of Exemption (Complete Section III below)

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: _____

Address _____

City _____ State _____ Zip Code _____

Policy No _____ Coverage Period Ends _____

Name of Contractor/Policyholder _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policyholder's Federal/State Employer Identification Number (EIN) _____

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Worker's Compensation Act.
2. The Insurer has been notified that the municipality issuing the Building Permit is to be named a policy certificate holder.
3. Any Subcontractors used on this project will be required to carry their own Worker's Compensation coverage.
4. The Contractor/Policyholder will notify the municipality of any change in status, cancellation or expiration of Worker's Compensation coverage.
5. Violation of the Worker's Compensation Act or the terms of this permit will subject the Contractor/Policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a **Notary Public**.

Basis for exemption (Check 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 have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
Please explain: _____

_____ All of the Contractor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. Please explain: _____

_____ Other, Please explain: _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's Federal/Employer Identification Number (EIN) _____

1. Any Subcontractors used on this project will be required to carry their own Worker's Compensation coverage.
2. The Applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Worker's Compensation Act or the terms of this permit will subject the Applicant 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 here are true,
and that I am subject to the penalty of 18 PA C.S.A.
S4904 relating to unsworn falsifications to authorities.

Signature

Name (Please Print)

Title

Name of Company

Notary Public Acknowledgement

_____ SEAL
State of _____ *County of* _____

I hereby certify that _____ (name) appeared before me on this _____ day of _____, 20____, and signed this form in my presence.

Notary Public Signature

My Commission Expires (Date)

Note: Applicant's Copy to be attached to permit and posted.
Municipality's Copy to be filed with the Permit Copy.