

# 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.