



SPRINGETTSBURY TOWNSHIP

Affidavit of Exemption

Property Address (where work will be completed): _____

Please check one of the following which applies:

_____ Property owner is performing own work. If property owner does hire a contractor to perform any work pursuant to this permit, contractor must provide proof of Worker's Compensation Insurance to Springettsbury Township. Property owner assumes liability for contractor's compliance with this requirement.

_____ Contractor has NO employees and by law is not required to carry Worker's Compensation Insurance. Contractor is prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of Worker's Compensation Insurance to Springettsbury Township.

_____ Religious exemption from Worker's Compensation law. All employees of contractor are exempt under Worker's Compensation Insurance (attach Affidavits of Exemption for all employees).

Name (not your business name): _____

Business Name (if applicable): _____

Mailing Address: _____

Phone Number: _____

Tax I.D. Number or Social Security Number: _____

Your Signature must be verified by a Notary Public (photo I.D. required)

Signature & Date: _____

Subscribed, sworn, and acknowledged before me this _____ day of _____, 20_____.

NOTARY PUBLIC _____

(my term expires)

(seal)