

APPLICATION FOR DEMOLITION PERMIT
WASHINGTON TOWNSHIP

Permit _____ Fee _____ Date _____

Property Located At _____

Owner's Name _____

Owner's Address _____

Owner's Phone Number _____

The undersigned applicant hereby applies for a permit to:

_____ Demolish a Structure _____ Alter a Structure

Remarks:

Present use of Property _____

Present Zoning _____

Name of Contractor _____

Address of Contractor _____

Contractor's Phone Number _____

The Demolition applied for shall be completed in ninety (90) days which is the Date

of _____

Signature of Applicant

Date

Signature of Zoning Officer

Workers' Compensation Insurance Coverage Information
(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law
 Yes No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation.
 Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____
 Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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, as indicated:

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.

Religious exemption under the Workers' Compensation Law.

WORKERS COMPENSATION AFFIDAVIT

I, _____ do solemnly swear/affirm that I will not employ/hire any other person/persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other person/persons I must notify Washington Township and provide proof of Workers' Compensation coverage within three (3) working days.

I understand that failure to comply will result in a "Stop-Work" Order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302 (e) (4) of the Act of June 2, 1915 (P.L.736), known as The Pennsylvania Workmen's' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993(P.L. 190).

Subscribed and sworn/affirmed to before me this _____ day of

_____, _____

(Signature of Notary Public)

My Commission Expires