

TOWNSHIP OF NORTH FAYETTE

BUILDING DEPARTMENT

“AFFIDAVIT OF EXEMPTION”

1. The undersigned swears or affirms that he/she is not required to provide worker’s compensation insurance under the provisions of Pennsylvania’s Worker’s 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 Worker’s Compensation Law.

_____ Owner performing all work.

2. **Street Address, Lot # and Plan name of Building Permit Application:**

Street # _____ Street Name _____

Lot # _____ Plan Name _____

3. **Contractor’s Federal or State Employer ID#:** _____

4. **Signature of Applicant:** _____

(Print name as signed above): _____

Name of Applicant’s Company/Organization/Business, if different from above:

Street Address: _____

County of _____ **Municipality of** _____