

Affidavit of Exemption

Date Issued _____

Permit Number _____

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

Affidavit of Exemption

II. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

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 1 of the Workers' 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 Workers' Compensation Act. Please explain: _____

Other. Please explain: _____

Name of Applicant _____

Address _____

City _____

State _____

Zip Code _____

Applicant's Federal or State employer identification number (EIN) _____

- 1 Any subcontractors used on this project will be required to carry their own workers' 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 this Act.
- 3 Violation of the Workers' 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. 4904 relating to unsworn falsifications.

Signature _____ Title _____

Name (Please print) _____ Company Name _____

COMMONWEALTH OF PENNSYLVANIA)

) SS

COUNTY OF LANCASTER)

On this, the _____ day of _____, _____ before me, a notary public, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed within instrument and acknowledged that she executed the same for the purpose therein contained.

Notary Public _____

(Seal)

My Commission expires _____