

Carmichaels Borough

100 West George St
Carmichaels PA 15320
Office: 724-966-5506
Fax: 724-966-5518

Office of Code and Ordinance Enforcement

Worker's Compensation Affidavit

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

After receipt of the building permit, if I employ any other persons, I understand I must notify the Carmichaels Borough Office and provide proof of Worker's Compensation Coverage within three (3) working days. I understand the 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 (z) (4) of the Act of June 2, 1915 (p.1.736), known as the Pennsylvania Workmen's Compensation Act, re-enacted and amended June 21, 1939, and amended December 5, 1974, and amended July 2, 1993.

Signature _____ Print Name _____

Sworn to and subscribed before me this _____ day of _____,
20_____

Signature _____