

**WORKERS' COMPENSATION AFFIDAVIT**

I, \_\_\_\_\_, do solemnly swear or affirm that I will not employ/hire any other persons for the project for which I am seeking a zoning permit.

After receipt of the zoning permit, if I employ any other persons I must notify the Borough Office and provide proof of workers' compensation coverage within three 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 emended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
My Commission Expires

(Seal)