



**Addendum to Zoning Permit and/or
Impervious Area Modification**
Franklin County, Pennsylvania

Borough of Greencastle
60 N. Washington Street
Greencastle, PA 17225
717-597-7143/FAX: 717-597-1022
www.greencastlepa.gov

I. The applicant for the zoning permit, in compliance with the Workers' Compensation Reform Act #44 of 1993, hereby submits the following (check only one):

- Certificate of Insurance (please attach) ***Complete Sections II & IV.**
- Certificate of Self-Insurance (please attach) ***Complete Sections II & IV.**
- Affidavit of Exemption ***Complete Sections III & IV.**

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the Following:

Name of Insurer or Self-Insurer _____

Address _____

City _____ **State** _____ **ZIP Code** _____

Policy No. _____ **Coverage Periods Ends** _____

Name of Contractor/Policy Holder _____

Address _____

City _____ **State** _____ **ZIP Code** _____

Contractor/Policyholder's federal/state Employer Identification Number: (EIN) _____

- A. This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and where applicable, the federal Longshore and Harbor Workers' Compensation Act.
- B. The Insurer has been notified that the municipality issuing the zoning permit is to be named a policy certificate holder.
- C. Any subcontractors used on this project will be required to carry their own worker's compensation coverage.
- D. The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
- E. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

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III. If exemption is being claimed, please complete the following and sign.

Basis for exemption (check only one):

- Applicant is an individual who owns 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 104 of the Workers' Compensation Act.
- 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** _____

Contractor/Policyholder's federal/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 the 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.

IV. My signature on behalf of or as contractor/applicant for this zoning permit constitutes my verification that the statement contained here are true, and that I am subject to penalty of 18 Pa. C.S.A §4904 relating to unsworn falsifications to authorities.

Signature _____ Date _____

Name (Print) _____ Title _____

Phone _____ Email _____

Company/Business _____