

Workers Compensation Affidavit of Exemption

Borough of Mount Joy

21 East Main Street
717- 653-2300

I hereby solemnly swear or affirm that I will not employ or hire any individual(s) to perform construction work related to the project for which I am seeking a Zoning/Construction permit.

I understand that it is my responsibility to notify the Mount Joy Borough Building Code Official prior to employing or hiring other individual(s) and to provide proof of Worker's Compensation coverage, for that individual(s).

I further understand that failure to comply with the provisions of the Pennsylvania Worker's Compensation Reform Act # 44, will result in the issuance of a Stop Work Order, as provided for in section 302(e)4 of the Act, and that such order will not be lifted until proper coverage is provided.

The undersigned affirms that s/he is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

_____ **Property owner(s) will be performing their own work.** If property owner does hire contractor to perform any construction work pursuant to construction permit, contractor must provide proof of Worker's Compensation Insurance to the Mount Joy Borough Building Code Official. Property owner assumes liability for contractor compliance with this requirement.

_____ **Contractor(s) has no employees.** Contractor is prohibited by law from employing any individual to perform construction work pursuant to this construction permit unless contractor provides proof of such insurance to Mount Joy Borough Building Code Official

_____ **Religious Exemption under Worker's Compensation Law.** All employees of the contractor are exempt from Worker's Compensation Insurance. (Attach copies of religious exemption letters for all employees).

(Signature of Applicant, Contractor, or Property Owner) (Print Name)

(Print or Type Name of Company or Partnership)

(Address)

(Phone Number)

(Date)

See Notary Certificate on Back

Commonwealth of Pennsylvania)
)
County of Lancaster) SS:

Before me, the undersigned notary public, this day, personally, appeared

(Print or Type Name)

to me known, who being duly sworn according to law, deposes the above statements.

_____ (Signature of Affiant)

Subscribed, sworn to and acknowledged before me this _____ day of

_____, _____.

SEAL: