

BOROUGH OF CARNEGIE

One Veteran's Way
Carnegie, PA 15106

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WORKERS' COMPENSATION AFFIDAVIT

I, _____ (APPLICANT) do solemnly swear
(PRINT NAME)

that I will not employ / hire any other persons for the project for which I am seeking a permit.

After receipt of the permit, if I employ any other persons, I must notify the Borough Officials and provide proof of workers' compensation coverage.

I understand that failure to comply will result in the issuance of a "stop work order" and that such order will not be lifted until proper coverage is obtained, as provided by *Section 302 (e) (4) of the Act of June 2, 1915, known as The Pennsylvania Workmen's Compensation Act, amended June 23, 1939, and amended December 5, 1974, and amended July 21, 1993.*

APPLICANT _____ DATE _____
(SIGNATURE)

Commonwealth of Pennsylvania)
) SS:
County of _____)

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

(NOTARY)

SEAL

My commission expires: _____

-----OFFICIAL USE ONLY-----

PERMIT # _____ PROPERTY ADDRESS _____

COMMENTS _____

