Revised: 03/25/26

ELIZABETHTOWN BOROUGH
CURB AND SIDEWALK PERMIT APPLICATION

GENERAL INFORMATION

Location (Street Address): _____

Property Owner: _____

Owner's Address: _____

Owner's Phone Number: _____

Owner's Email: _____

Is the property owner the contractor YES☐ NO☐

CONTRACTOR'S INFORMATION (*Contractor must provide to the Borough, Certificate for proof of Insurance)*

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone Number: _____

Contractor's Email: _____

WORK TYPE SELECTION (*Please check all that apply and provide details where required)*

☐ Sidewalk: _____ ☐ Curb: _____
Square Feet Linear feet

REQUIRED INSPECTIONS

The following inspections are required and will be listed on the permit upon issuance:

Pre-Pour/Form Inspection, Final Inspection (If Applicable Line and Grade, and Blacktop Restoration)

CERTIFICATION

I hereby certify that the scope of work for this project will not exceed what is described above. If any changes to the scope occur, I understand that I am required to submit a new permit application to the Borough for review and approval.

_____ _____
Signature of Property Owner / Agent / Contractor Print Name Clearly

_____
Date

600 South Hanover Street, Elizabethtown, PA 17022
Phone (717) 367-1700 Fax (717) 367-6800
www.etownonline.com

PROOF OF INSURANCE

All contractors and subcontractors are required to submit current proof of insurance with their application. Self-employed individuals must also complete the Workers' Compensation Affidavit. The contractor's insurance agent can provide this information. Please attach it to the application or email it to: boro@etownonline.com.

WORKERS COMPENSATION AFFIDAVIT

I, _____ *(Contractor Name)*, hereby affirm that I am self-employed and will personally perform all work associated with the project described in the attached permit application. I will not hire or employ any other individuals for this project.

I may utilize subcontractors, provided that each subcontractor supplies both myself and the Borough of Elizabethtown with either:

- A valid Certificate of Workers' Compensation Insurance, or
- A completed Workers' Compensation Affidavit.

If, after receiving zoning permits, I employ any additional individuals, I am required to notify the **Building Codes Official** at Elizabethtown Borough and submit the appropriate proof of coverage or affidavit **within three (3) business days**.

I understand that failure to comply will result in a **Stop Work Order**, which will remain in effect until proper coverage is provided, in accordance with §302(e)(4) of the **Pennsylvania Workers' Compensation Act** (Act of June 2, 1915, P.L. 736), as reenacted and amended on June 21, 1939; December 5, 1947; and July 2, 1993.

Contractor's Signature: _____ **Date:** _____

Clearly Print Contractor's Name: _____