

GRADING APPLICATION

Borough of Jefferson Hills
925 Old Clairton Road
Jefferson Hills, PA 15025
Phone: 412-655-7735 Fax: 412-655-3143



Permit No. _____

Check one:

Minor Earth Disturbance – (0 SF – 4,999 SF) ☐ Major Earth Disturbance – Type A (5,000 SF – 9,999 SF) ☐
Major Earth Disturbance – Type B (10,000 SF and Greater) ☐

PROPERTY ADDRESS: (for new building or dwelling, Borough will assign new property number) _____

Plan/Subdivison: _____ Lot No.: _____ Zoning: _____ Lot/Block: _____

Owner's Name: _____

Address: _____

Phone Number: _____ Email: _____

Contractor's Name: _____

Address: _____

Phone Number: _____ Email: _____

Estimated Start Date: _____ Cost: _____ Sq. Ft. _____

WORKERS COMPENSATION ACT - to be completed by contractor

Contractor, in compliance with Act 4 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- | | | |
|--|-----------------------------------|----------------------------------|
| ☐ Certificate of Workers Compensation Insurance | ☐ Attached | ☐ On file |
| ☐ Certificate of Self-Insurance | ☐ Attached | ☐ On file |
| ☐ Affidavit of Exemption | ☐ Attached | ☐ On file |
| ☐ Contractor/Applicant is a sole proprietorship without employees | | |
| ☐ Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as "Executive Employees" under Section 104 of the Workers Compensation Act. Please explain: | | |

Contractor's Federal or State Employee ID No. (EIN):

My signature of behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Contractor's Signature: _____ Print Name: _____

Print Title: _____ Company Name: _____

Borough Office Use Only:

Application Fee Paid? Yes ☐ No ☐ Check # _____

Additional Fee Paid? Yes ☐ No ☐ Check # _____