BOROUGH OF LAURELDALE
3406 KUTZTOWN ROAD
LAURELDALE, PA 19605
Phone (610) 929-8700
Fax (610) 929-4272

Homeowner's Worker's Compensation

I,_____, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons I must notify the Borough Office and provide proof of Worker's Compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order an that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e) (4) of the Act of June 2, 1915 (p.l. 736), known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. (P.L.).

_____
Borough Employee Signature

_____
Signature of Applicant

_____
Address of property where work is to be done