

THE BOROUGH OF HANOVER

33 FREDERICK STREET
HANOVER, PA 17331
717/637-3877

WORKERS COMPENSATION AFFIDAVIT

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 and 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.).

Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

(Signature of Notary Public)

My Commission Expires

Address of Permit:

Name:

Address:

Telephone: