

**The Borough of Clifton Heights**

**Department of Code Enforcement & Community Development**

**30 S SPRINGFIELD RD CLIFTON HEIGHTS PA 19018**

**WORKER’S COMPENSATION AFFIDAVIT**

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

**After receipt of the building permit if I employ any other persons’ I must notify the Borough of Clifton Heights, Code Enforcement Office and provide proof of workers’ compensation insurance within (3) working days.**

**I understand that failure to comply will result in a stop-work order and that stop-work order may not be lifted until proper insurance coverage is obtained, as provided by Section 302 € (4) of the Compensation Act, reenacted and amended June 1993 (P.L.)**

**Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.**

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**(SIGNATURE OF NOTARY PUBLIC)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **(MY COMMISSION EXPIRES)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**