

Building Permit #: _____

Affidavit of Exemption

*This form REQUIRES a notary seal

The undersigned affirms the he/she is not required to provide Worker's Compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:

_____ Property owner performing own work. If property owner does hire contractor to perform any work pursuant to this building permit, contractor must provide proof of worker's compensation insurance to the Borough of Newburg. Property owner assumes liability for contractor compliance with this requirement.

_____ Contractor has no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough of Newburg.

_____ Religious exemption under the Worker's Compensation Law. All employees of contractor are exempt from worker's compensation insurance (attach copies of religious exemption letters for all employees.

X _____
Signature of Applicant

County of Cumberland
Municipality of Newburg Borough

Subscribed, sworn to and acknowledged
before me by the above _____
this _____ day of _____
20 _____.

SEAL

Notary Public