



Swatara Township
599 Eisenhower Boulevard
Harrisburg, PA 17111-2397
www.swataratwp.com

Building & Codes Department
Office Hours: Monday – Friday 8:00 AM – 4:30 PM
Phone: 717-564-2551 Fax: 717-564-5895
Email: directorofpz@swataratwp.com

The undersigned does swear or affirm that they are not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated (*Check One*):

- Property owner performing own work** - *I understand that I may not employ any other person(s) without amending my permit application and providing to the Township proof of Workers' Compensation Insurance within three (3) working days. Failure to do so will result in issuance of a STOP WORK ORDER until proof of coverage is submitted.*
- Contractor with no employees** - *I understand that I may not employ any other person(s) without amending my permit application and providing to the Township proof of Workers' Compensation Insurance within three (3) working days. Failure to do so will result in issuance of a STOP WORK ORDER until proof of coverage is submitted.*
- Religious exemption recognized by Workers' Compensation Law.**

Contractor Name

Signature of Applicant

State of Pennsylvania

County of _____

Signed (or attested) before me on _____ (date) by

_____ (name of individual signing above).

Signature of Notarial Officer

Title of Office: Notary Public

Place Official Stamp/Notary Seal Above

My Commission Expires: _____