

Borough of Clifton Heights
30 S Springfield Road
Clifton Heights, PA 19018
610-623-3223 Fax 610-284-1461

WORKER'S COMPENSATION AFFIDAVIT

I, _____, do solemnly 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 worker's 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 (e) (4) of the Compensation Act, reenacted and amended June 1993 (P. L.)

Subscribed and sworn before me this _____
Day of _____, _____

(Signature of Notary Public)

(My commission expires)

NAME: _____
ADDRESS: _____
PHONE: _____