



# MUNICIPALITY OF BETHEL PARK

Municipal Building • 5100 West Library Avenue • Bethel Park, PA 15102 • 412-831-6800 • FAX 412-831-8675 • [www.bethelparkpa.gov](http://www.bethelparkpa.gov)

## AFFIDAVIT OF EXEMPTION FOR WORKMAN'S COMPENSATION

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's federal or state employer identification number (EIN) \_\_\_\_\_

### Basis for Exemption (check one):

- Applicant is an individual who owns the property
- Contactor/Applicant is sole proprietorship without employees
- Contactor/Applicant is a corporation, and the only employees working on the project have and are qualified as 'Executive Employees' under Section 104 of the Workers' Compensation Act. Please explain:
- All of the Contactor/Applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain: \_\_\_\_\_

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

Other. Please explain: \_\_\_\_\_

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

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

State of: Pennsylvania

County of: \_\_\_\_\_

Subscribed and sworn to before me on

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company