



BOROUGH OF
KENHORST

339 S. Kenhorst Blvd.
Kenhorst, PA 19607
Phone: 610-777-7327
Fax: 610-777-8980
Email: info@kenhorstborough.com
www.kenhorstborough.com

Fence Permit Application

Non-refundable Application Fee: \$75.00

Property Information

Property Owner's Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Mobile Number: _____

Contractor Information

Contractor's Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Mobile Number: _____

Plot Plan (Draw property boundary and show area where fence will be erected)

Fence Type: _____

Cost: _____

Height: _____

Length: _____

Is the purpose of the fence to protect a swimming pool? ☐ Yes ☐ No

Is the purpose of the fence to provide a buffer or secure an area for industrial or commercial use? ☐ Yes ☐ No

Applicant Signature: _____

Application Date: _____

FOR OFFICIAL USE ONLY

Permit Fee: _____ Check #: _____ Date Paid: _____ Approved: _____ Denied: _____



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Pennsylvania Workers' Compensation Insurance Coverage Information Form

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. **Are you the homeowner/property owner** performing the work (as requested in this application) yourself?

☐ No. Go to question #2

☐ Yes. Read this exemption statement, sign to indicate your understanding and submit this form with your application

"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: _____ Date: _____

2. **Are you the homeowner/property owner** who has hired a contractor to perform the work (as requested in this application)?

☐ No. Go to question #3

☐ Yes. Please have your contractor complete Sections A & B

3. **Are you the contractor** hired by the homeowner/property owner to perform the work as requested in this application)?

☐ Yes. Complete Section A & B

☐ No. Please explain: _____

A. Name of Company: _____

Contact Person: _____ Phone Number: _____

Company Address: _____

Federal or State Employee Identification Number: _____

Please select one of the following options:

☐ Applicant is a qualified self-insurer for workers' compensation.

Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder

☐ Applicant carries workers' compensation coverage with an insurance company.

Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder

☐ Applicant is exempt from providing workers' compensation insurance because:

☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)

☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.

Will you be using any subcontractor(s) on this project? ☐ No ☐ Yes

(if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

- B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. **I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature: _____ Date: _____

Address: _____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

County: _____ Municipality: _____

My commission expires: _____ Subscribed and sworn to before me this ____ day of _____ 20 ____.

SEAL