

TOWNSHIP OF DARBY
LICENSE & INSPECTIONS DEPARTMENT
21 BARTRAM AVENUE, GLENOLDEN, PA 19036
PHONE (610) 586-1514 FAX (610) 586-0779
www.darbytwp.org

BUILDING PERMIT - ADDENDUM

Date of Application: _____ Approximate completion date: _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Location of building/work: _____

In compliance with Act 44 of 1993 code the applicant hereby submits (check one):

- Certificate of Insurance (attach a copy)
- Certificate of self-Insurance (attach a copy)
- Affidavit of Exemption

If certificate of insurance or self-insurance is submitted complete the following information:

Name of the insured or self-insured: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy Number: _____ Coverage period ends: _____

Name of Policyholder or Contractor: _____

Address: _____ City: _____ State: _____ Zip: _____

State or Federal Identification Number: _____

1. Policy provides coverage under the Workers Compensation Act, Occupational Disease Act, Federal Longshore and Harbor workers Compensation Act, if Applicable,
2. Insurer has been notified that Township of Darby is to be named as certificate holder.
3. Subcontractors working on the project must carry their own workers compensation insurance.
4. Contractor/Policyholder will notify the Township of any changes in status, cancellation, or expiration of workers compensation insurance.
5. Violations of the Workers Compensation Act or terms of the Permit will subject the contractor/policyholder to a Stop Work Order and incur fines and penalties as provided by law.

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If an Exemption is claimed, please complete the following and sign in the presence of a Notary Public:

Basis for the Exemption: (Check One):

- Applicant/Individual Owns the Property
- Contractor is a Sole Proprietorship
- Contractor 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 contractors' employees on the project are exempt on religious grounds under section 304.2 of the Workers Compensation Act. Please explain: _____

- Other Reasons Please explain: _____

Name of Applicant: _____ Address: _____
City: _____ State: _____ Zip: _____

Applicants Federal or State Identification Number: _____

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act. Violation of the Workers Compensation Act or the terms of this Permit will subject the applicant to a STOP WORK order and other penalties provided by Law.

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

Signature: _____ Print Name: _____
Title: _____ Company Name: _____

Date Permit Issued: _____ Permit Number: _____