

APPLICATION FOR DEMOLITION PERMIT  
WASHINGTON TOWNSHIP

Permit \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_

Property Located At \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone Number \_\_\_\_\_

The undersigned applicant hereby applies for a permit to:

\_\_\_\_\_ Demolish a Structure                      \_\_\_\_\_ Alter a Structure

Remarks:

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

Present use of Property \_\_\_\_\_

Present Zoning \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Address of Contractor \_\_\_\_\_

Contractor's Phone Number \_\_\_\_\_

The Demolition applied for shall be completed in ninety (90) days which is the Date

of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Zoning Officer

# WASHINGTON TOWNSHIP – YORK COUNTY

PERMIT NO.: \_\_\_\_\_

## AFFIDAVIT WORKERS COMPENSATION INSURANCE COVERAGE MUST BE NOTARIZED ATTACH TO PERMIT APPLICATION

Pursuant to Act 44, Commonwealth of Pennsylvania, effective Tuesday 31 August 1993, NO BUILDING PERMIT SHALL BE REVIEWED, NOR SHALL ANY BUILDING PERMIT BE ISSUED, unless and until the application has provided such information as the Law shall require. All building contractors shall be bound by said requirements except those specifically exempted by the Act.

A "STOP WORK" ORDER shall be issued upon verification that insurance coverage is lacking, was misrepresented upon application or has been cancelled or revoked for due cause by the carrier of said insurance.

"PROOF OF INSURANCE" shall mean that a certification of insurance demonstrating current coverage and compliance with ACT 33 rests with the contractor and his carrier. Religious exemption is provided within the Act. The contractor with no employees is likewise exempt. A property owner doing his own work is also exempt. ALL others MUST provide proof of insurance.

A contractor who does not employ other individuals shall complete an affidavit and submit it with each building permit. An affidavit, by statutory definition, must be notarized.

### Worker's Compensation Insurance Coverage Information

A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law

\_\_\_\_ Yes \_\_\_\_ No

If the answer is "yes" complete Section B or C below

If the answer is "no" complete Section C below

#### B. Insurance Information

- a. Print name of applicant \_\_\_\_\_
- b. Federal or State Employer Identification Number \_\_\_\_\_
- c. Applicant is a qualified self-insurer for Worker's Compensation
  - 1. Attach Insurance Certificate
- d. Name of Worker's Compensation Insurer \_\_\_\_\_
- e. Worker's Compensation Police Number \_\_\_\_\_
- f. Policy expiration date \_\_\_\_\_

#### C. Exemptions

Complete section c if the applicant is a contractor or homeowner claiming exemptions from providing workers compensation insurance. Exemptions must be notarized.

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons:

\_\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.

\_\_\_\_ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

\_\_\_\_ Religious exemption under Worker's Compensation Law

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

Address \_\_\_\_\_

Commonwealth of Pennsylvania, County of \_\_\_\_\_

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal \_\_\_\_\_ Notary Public