

**BOROUGH OF HATFIELD
REQUIREMENTS FOR RESIDENTIAL PERMIT APPLICATIONS**

ALL PERMITS APPLICATIONS REQUIRE THE FOLLOWING:

1. All permit applications and plans must be submitted in a complete package.
 2. A copy of the General Contractor's Worker's Compensation Insurance coverage form.
 3. A copy of the General Contractor's Worker's Compensation Insurance certificate.
 4. A copy of the General Contractor's Liability Insurance Certificate for at least \$1,000,000 listing the Borough of Hatfield as the Certificate Holder
 5. Three (3) full sets of construction plans / shop drawings must be submitted for new construction of, and additions to residential structures; each sheet shall bear the signature and seal of a PA Registered Design Professional.
 6. Homeowner's Association approval is required for the Heather Meadows development.
4. Permit applications require a Worker's Compensation Insurance Coverage Information Form to be completed by the General Contractor. If the general contractor has **no employees**, the form must be signed and notarized.

INFORMATION REQUIRED FOR SPECIFIC PROJECTS:

*****SECTIONS 1 THROUGH 5 MUST BE COMPLETED FOR EVERY APPLICATION!*****

NEW CONSTRUCTION / ADDITION / ALTERATION- Complete sections 6, 7 and 8 (if applicable). Complete section 10 indicating distances to all property lines. **Note:** In some cases, (1) one-story additions and structures which do not alter existing load-bearing walls, may not need plans to be signed and sealed by a design professional. It is ultimately left to the discretion of the Code Official to determine the need for Design Professional approval. All other structural plans must be signed and sealed by a Design Professional, licensed in the Commonwealth of Pennsylvania.

BASEMENT RENOVATIONS – Complete Sections 6, 7, and 8 if applicable. Provide square footage of finished area in section 5. Attach 2 detailed drawings indicating locations of the mechanical equipment, electrical fixtures (existing and new). Indicate location of all new plumbing fixtures and provide ejector equipment cut sheets. Indicate location of smoke and carbon monoxide detectors (required in living space).

DECK / GAZEBO – Complete Section 9; provide size of deck and square footage. Attach 2 detailed structural drawings indicating size, height/span, and spacing for columns, joists, decking, beams, footing details, and height of deck or brochure (for gazebo kits). Depending on the scope of the project, the Code Official may require the plans to be signed and sealed by an Architect or Engineer. In Section 10, provide distance structure will be from the property lines.

DRIVEWAY – Complete Sections 9 indicating distance from nearest street intersection (# feet), width, percent of grade, depth & type of base aggregate, and depth & type of paving surface. Complete Section 10 indicating distance from property lines.

ELECTRIC – All inspections must be completed and approved by a Borough authorized electrical underwriter.

ENCLOSED PATIO / PORCH – Complete Section 10 providing distance from property lines. Provide 2 detailed structural drawings.

FENCE – Provide height of fence and size of lot in Section 5. Indicate type of fence and if you will be crossing an easement in Section 9. Complete Section 10 indicating any easements and distance fence will be from property lines. **Attractive side of fence must face outward. Fence must be at least 2 inches from property line.** A copy of the deed must be submitted for all applications with an easement agreement.

FIREPLACE / INSERTS / CHIMNEYS / STOVES – Complete Section 9, providing model #, serial #, U.L. approval # of unit. Provide location of unit and distance from ceiling and walls. For chimneys, provide masonry, block, brick, and VC liner information. Indicate if metal is single, double, triple, old or new. Indicate height above roof, separate exhaust information and provide thimble into chimney material information. Provide cut sheets of unit being installed. Complete Section 10 providing distance from property lines if exterior work is being done.

PATIO – Attach 2 detailed drawings indicating footing, if any, for concrete patio. Complete Section 9 providing size of patio, type (concrete or pavers) and foundation/base information. Complete Section 10 indicating distance from property lines.

POOLS – Complete Sections 6, 7, and 8, if applicable. Complete Section 10 indicating location of pool (with fence), distance from property lines, and distances of decking and equipment. Provide cut sheets for filter pump and heater equipment. Aboveground pools, provide product info.

SHED – Attach 2 detailed drawings or brochure (if prefab or kit). Complete Section 9, providing size of shed, type of foundation, and method of anchoring shed to the ground. Complete Section 10 indicating distance from property lines.

WINDOWS / DOORS – A permit is not required for direct replacement / size for size. If changing the size of the window/door or adding a window/door, complete Sections 1-5 only. Provide 2 detailed structural drawings.

Please use this checklist as a guide to ensure everything required has been submitted.

PROJECT TYPE	1 - 5	6	7	8	9	10(SITE PLAN)	ATTACH/INSERTS	PLANS
NEW CONSTRUCTION	X	X	X	X		X		X
ELECTRICAL	X	X						X
PLUMBING	X		X					X
HVAC	X			X			CUT SHEETS	X
ADDITION/ALTERATION	X	X*	X*	X*		X		X
BASEMENT	X	X*	X*	X*				X
DECK/GAZEBO	X				X	X	IF PREFAB GAZEBO - BROCHURE	X
DRIVEWAY	X				X	X		
ENCLOSED PATIO	X					X		X
POOLS	X	X	X	X*		X	CUT SHEETS	X
SHED / PATIO / FENCE	X				X	X	IF PREFAB SHED - BROCHURE	X
WINDOWS / DOORS	X							X
FIREPLACE	X				X	X	CUT SHEETS	X
*if applicable								

INCOMPLETE APPLICATIONS WILL BE REJECTED!

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

No. Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:		INSTITUTIONAL	<input type="checkbox"/> OTHER (24)
Plan Number		ASSEMBLY	<input type="checkbox"/> THEATRE (1)	<input type="checkbox"/> GROUP HOME (12)	<input type="checkbox"/> PARKING GARAGE
IMPROVEMENT TYPE:		<input type="checkbox"/> NIGHT CLUB (2)	<input type="checkbox"/> RESTAURANT (3)	<input type="checkbox"/> HOSPITAL (13)	<input type="checkbox"/> CARPORT
		<input type="checkbox"/> CHURCH (4)	<input type="checkbox"/> OTHER ASSEMBLY (5)	<input type="checkbox"/> JAIL (14)	<input type="checkbox"/> MOTOR FUEL SERV.
		<input type="checkbox"/> BUSINESS (6)	EDUCATIONAL	<input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> REPAIR GARAGE
		<input type="checkbox"/> FOUNDATION ONLY (7)	<input type="checkbox"/> (GRADES 1-12) (7)	RESIDENTIAL	<input type="checkbox"/> PUBLIC UTILITY
		<input type="checkbox"/> CHANGE OF USE ONLY (8)	<input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> HOTEL, MOTEL (16)	<input type="checkbox"/> HPM
		<input type="checkbox"/> RELOCATION (6)	FACTORY	<input type="checkbox"/> MULTI-FAMILY (17)	_____
		<input type="checkbox"/> DEMOLITION (5)	<input type="checkbox"/> MODERATE HAZARD (9)	<input type="checkbox"/> BOCA TWO FAMILY (18)	_____
		<input type="checkbox"/> ALTERATION (3)	<input type="checkbox"/> LOW HAZARD (10)	<input type="checkbox"/> CABO TWO FAMILY (19)	_____
	<input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> BOCA SINGLE FAMILY (20)	_____		
		<input type="checkbox"/> CABO SINGLE FAMILY (21)	_____		
		STORAGE	_____		
		<input type="checkbox"/> MODERATE HAZARD (22)	_____		
		<input type="checkbox"/> LOW HAZARD (23)	_____		

Structural (check that applicable)	Exterior (Check those applicable)
Frame	Walls
<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____	<input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____
<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)	<input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value \$

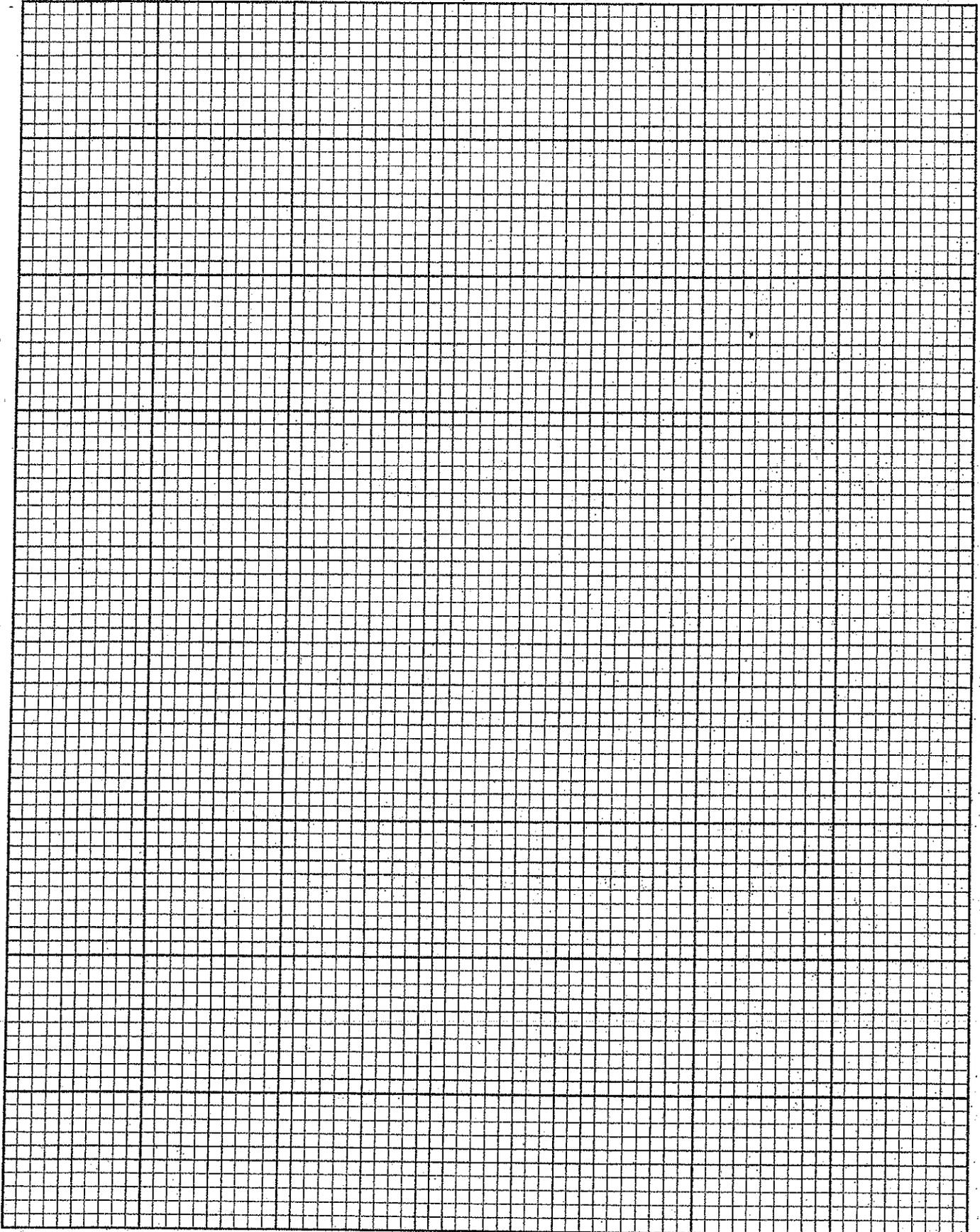
6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS	Number of Circuits: 2 WIRE 3 WIRE 4 WIRE	Number of Service Outlets: 110V 220V
POWER DEVICES	No.	OUTPUT/LOAD
1		7
2		8
3		9
4		10
5		
6		Total Number of Motors
Utility Service Revisions:		
Est. Start ____/____/____	Est. Finish ____/____/____	Electrical Work Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

Borough of Hatfield

401 South Main Street, P.O. Box 190,
Hatfield, PA 19440
Phone (215) 855-0781 Fax (215) 855-2075

For Borough Use Only:

Permit: _____
Tax Map Parcel: _____
Block: _____ Unit: _____
Approved by: _____ Date: _____

Zoning Permit Application

Please type or print all information

Site Street Address: _____

Applicant: _____ Property Owner: _____

Mailing Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone Number (H): _____ Phone Number (H): _____

Phone Number (W): _____ Phone Number (W): _____

Current use of Property: _____

Proposed use (if different): _____

Permit Type

New Building Length: _____ Width: _____ Height: _____

Addition Length: _____ Width: _____ Height: _____

Shed Length: _____ Width: _____ Height: _____

Fence Wood Vinyl Chain Link Length: _____ Height: _____

Pool Above-ground In-ground

Deck Square Feet: _____ Height Above Ground: _____

Other: _____

Site Plan

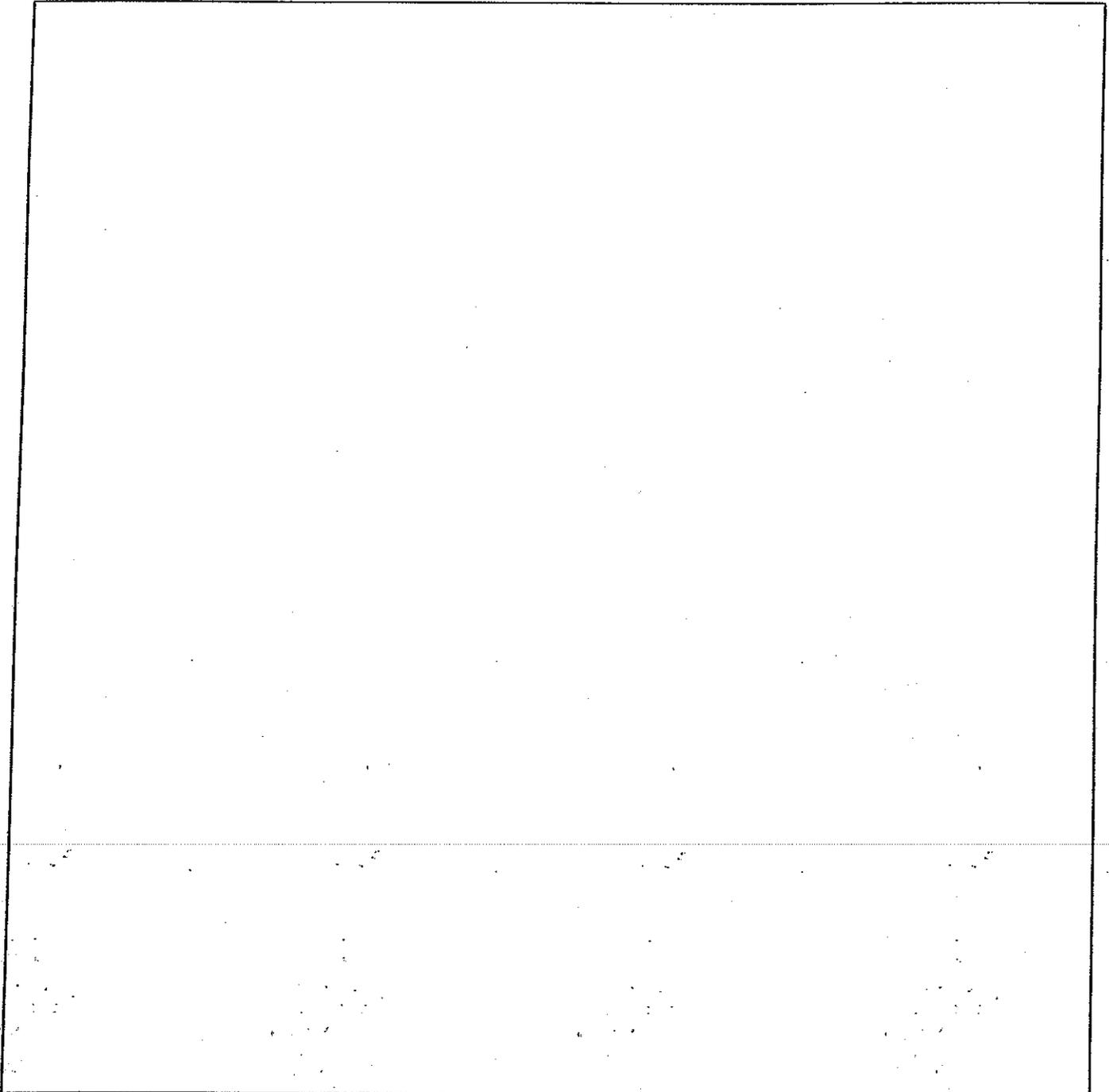
The site plan on page 2 of this application must be completed for the permit to be processed.

Applicants Signature: _____ Date: _____

Site Plan

A site plan must be provided for all applications. If you already have a site or plot plan, you may submit that plan instead of using the site plan below as long as all required information is included. Please be sure to include the following information on the plan.

- Property dimensions,
- All existing buildings, decks, sheds, pools, fences and driveways with dimensions,
- All proposed construction with dimensions,
- Distances from all property lines to the proposed construction,
- Distances between existing buildings and proposed construction.



Borough of Hatfield
PO Box 190
401 South Main Street
Hatfield, PA 19440

Application for Electric Service (Please Print)

Applicant _____ Date: _____

Name: _____ Prospective Customer: _____

Address: _____ Number of Person in living in household: _____

_____ Zip Code _____ Address of Property to be served: _____

Post Office: _____ Zip Code _____

Telephone: _____ Post Office: _____

Electrical Contractor: _____ Mail Bills to Address: _____

_____ Zip Code _____

Telephone: _____ Post Office: _____

Address: _____ Customer's Present Address: _____

Post Office: _____ Zip Code _____

Post Office: _____ Zip Code _____

Approximate Date Construction to Start _____ Telephone: _____

Approximate Date Service Required _____

No. of Meters: _____

TYPE OF SERVICE

_____ Permanent	_____ Residential	_____ Commercial	_____ Industrial
_____ Temporary	_____ New	_____ Additional	_____ Changes
_____ Aerial	_____ Amps	_____ Volt	_____ Phase
_____ Wire	_____ Underground		

Electric Range:	Electric Water Heater	Air Conditioner:	Heat Pump	Resistance Heat:
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

Connected Load

Lighting: _____ KW Appliances: _____ KW Water Heater _____ KW Electric Heat: _____ KW

Largest Size Motor: _____ HP Other Loads: _____ KW Total: _____ KW

Remarks: _____

Fee Paid on: _____

I CERTIFY THAT THE INFORMATION ON THE ABOVE APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. (Signed: _____)



Borough of Hatfield

401 S. MAIN STREET • P.O. BOX 190 • HATFIELD, PA 19440-0190

PHONE (215) 855-0781 • FAX (215) 855-2075

IMPORTANT STOP AND READ

TO: Contractors, Sub-Contractors and Residents

FROM: Borough Manager

SUBJ: Workers' Compensation Reform Act of 1993 (Act # 44)

EFFECTIVE SEPTEMBER 1, 1993, the Borough of Hatfield will no longer issue a building permit, plumbing permit, or an electrical permit to a contractor, sub-contractor or resident (i.e. general, plumber, electrician, mason, heating, ventilation and air conditioning) who has not demonstrated current coverage and compliance with the requirements of Act # 44 by filing with the Office of the Building Inspector one of the following:

1. Certificate of Insurance issued by your insurance carrier as proof of workers' compensation insurance for your employees, naming the Borough as a certificate holder; or
2. Certification of self-insurance from the Pa. Department of Labor and Industry; or
3. A notarized affidavit of exemption from the workers' compensation insurance stating you will not hire any employees to work on the construction project.

In addition, you must register your Federal or State (Pa.) Employer Identification Number (EIN), your street address (P.O. Box not acceptable) and your phone number.

Borough resident and/or homeowners please note:

If resident and/or homeowner will be performing the work, they must file a notarized affidavit of exemption from workers' compensation insurance stating that they will not hire/employ any individual, or sub-contract work on the construction project for which the permit is being sought.

Should the resident and/or homeowner choose or be forced to sub-contract the work to comply with the building codes, it is the responsibility of the resident and/or homeowner to see that the sub-contractor comply with the regulations as outlined above.

Under Section 302 of Act 44, every permit issued by the Borough to a contractor, sub-contractor, or resident shall clearly set forth one of the following:

1. Name and workers' compensation policy and the contractor's and sub-contractor's Federal or State Employee Identification Number.
2. Contractor's Federal or State Employer Identification Number and the substance of the affirmation that the applicant is not permitted to employ any individual to perform work pursuant to the permit being sought.
3. Resident and/or homeowners notarized affirmation the he/she will not employ any individual to perform work pursuant to the permit being sought.

These certificates shall be filed with the Borough's copy of the permit. Upon issuance of the permit, the Borough will be named as a Worker's Compensation policy certificate holder. The issuer of the policy, your insurance carrier, must inform the Borough within three (3) working days of any change in, or termination of, coverage.

If the Borough receives notice that you have had coverage terminated, lost state-approved self-insurance status, or employed persons without providing coverage, the Borough must and will, under Section 302(e)(4), issue a Stopwork Order. The Stopwork Order may not be lifted until the contractor and/or sub-contractor re-obtains proper coverage.

The Borough Council realizes the impact the State Act will have upon contractors, sub-contractors and residents and for this reason suggests you do the following:

1. Notify your workers compensation insurance carrier that a certificate of insurance should be forwarded to the Borough of Hatfield, Office of the Building Inspector, at the above address. At the same time, you should register your company's Federal or State Employer Identification number, via company letterhead or billhead (including your street address and telephone number) with the Office of the Building Inspector.
2. Provide certification of self-insurance (if you are self-insured) from the Pa. Department of Labor and Industry to the Borough of Hatfield, Office of the Building Inspector, at the above address. At the same time, you should register your company's Federal or State Employer Identification number, via company letterhead or billhead (including your street address and telephone number) with the Office of the Building Inspector.
3. Notify frequently used sub-contractors to follow the same steps, providing the Borough with the proper data and information.

These certificates, certifications and affidavits along with Federal or State Employer Identification Numbers will be filed in the Borough Office and need only be updated when there is a change of address, insurance coverage, insurance companies or notification by insurance company cancellation.

Nothing in the Workers' Compensation Act shall be the basis of any liability on the part of the Borough. It is not the Borough's responsibility to notify you that your insurance has expired or been canceled, nor shall the Borough incur liability for any damages which may result from the issuance of the Stopwork Order.

It is in your best interest that we have taken the initiative to notify you of the requirements of the State Act and provide you with a means to comply so as not to interrupt, delay or cause financial hardship and yet effectively and efficiently achieve the goals of the Act with regard to employee coverage for work-related illness or injuries.

WORKERS' COMPENSATION INSURANCE INFORMATION

(Attach to permit application)

- A. The applicant is:
A **contractor** within the meaning of the Pennsylvania Workers'
Compensation Law

YES NO

If the answer is "yes," complete Sections B and C below as appropriate.
If the answer is "no," complete Section D only.

B. Insurance Information

Name of Applicant: _____

Federal/State Employer Identification Number: _____

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

Certificate attached

OR

Applicant is insured by:

Name of Workers' Compensation Insurer: _____

Policy Number: _____

Policy Expiration Date: _____

Certificate attached

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

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

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

Religious exemption under the Workers' Compensation Law.

Signature of Applicant _____

Address: _____

County: _____

Municipality: _____

Phone #: (____) _____

Subscribed and sworn to me this ____ day of _____, 19__.

(Signature of Notary Public)

(My Commission expires)

D. The Applicant is NOT a contractor under the Pennsylvania Workers' Compensation Law but is a Resident and/or Homeowner.

I will personally be performing the construction related to the permit for which I am applying.

I, _____ (name of applicant), do solemnly swear that I will not employ/hire any other persons or contractor/sub-contractor for the project for which I am seeking a permit.

After receipt of the permit if I employ any other persons or contractor/sub-contractor I must notify the Hatfield Borough office and provide proof of workers' compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop-work order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L.736), know as The Pennsylvania Workmens' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Signature of Applicant _____

Address: _____

County: _____

Municipality: _____

Phone #: (____) _____

Subscribed and sworn to me this ____ day of _____, 19__.

(Signature of Notary Public)

(My Commission expires)