

**JACKSON TOWNSHIP
CAMBRIA COUNTY, PENNSYLVANIA
WORKMEN'S COMPENSATION AFFIDAVIT**

I, _____, the Applicant/Owner, do solemnly swear that I will not employ/hire any other persons for the project for which I am seeking a zoning permit.

OR

I, _____, the Contractor, do solemnly swear that I am not required to provide workmen's compensation insurance under the provisions of Pennsylvania Workmen's Compensation Law for one of the following reasons, as indicated:

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

- Religious exemption under the Workmen's Compensation Law.

After receipt of the zoning permit, if I employ any other persons, I must notify the Township Office and provide proof of worker's 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.O. 736), known as The Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

Signature of Applicant: _____

Date: _____

Subscribed and sworn to before me
this ___ day of _____, 200__.

Signature of Notary Public: _____

My commission expires: _____