

ADDENDUM 2 TO CITY OF BUTLER BUILDING PERMIT

LOCATION OF WORK _____

PROPERTY OWNER'S NAME _____

BUSINESS NAME _____

PERMIT # _____

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Insurance Information: (*Insurance Certificates may be submitted in lieu of completion*)

Name of Contractor _____

Address of Contractor _____

Phone # of Contractor _____

Federal or State Employer I.D. Number _____

Applicant is a qualified self-insurer for Worker's Compensation: Yes ____ No ____

The undersigned affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's Compensation Law for the following reason,

_____ Religious exemption under the Worker's Compensation Law. All employees of the contractor are exempt from worker's compensation insurance. All employees of the contractor are Amish and as such do not participate in the PA Worker's Compensation Program.

CERTIFICATE OF APPLICATION

I/we have read and understand that false statements herein are made subject to penalties of the 18 PA. C.S. Section 4904, relating to unsworn falsification to authorities and are grounds for prosecution.

Signature of Contractor

Date