

# ADDENDUM 1 TO CITY OF BUTLER BUILDING PERMIT

Name of contractor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address (Not PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor's federal or state (EIN): \_\_\_\_\_

The contractor for the building permit, in compliance with Act 44 of 1993, hereby submits An Affidavit of Certification of exemption because of:

- ☐ Affidavit of Exemption: Sole proprietor without employees (See **CONTRACTORS** below)
- ☐ Certificate of Self-Insurance (Attach and complete Affidavit below)

1. **CONTRACTORS:** If an exemption is being claimed for any of the following, please complete the following and sign **ONLY IN THE PRESENCE OF A NOTARY PUBLIC**.

- ☐ Contractor is a sole proprietorship without employees.
- ☐ 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.

\_\_\_\_\_  
\_\_\_\_\_  
Other, Please explain: \_\_\_\_\_

\*\*\*\*\*

## AFFIDAVIT OF CERTIFICATION OF EXEMPTION FROM WORKMANS COMPENSATION REQUIREMENTS AND CERTIFICATE OF SELF-INSURED.

COMMONWEALTH OF PENNSYLVANIA )

COUNTY OF BUTLER )

My signature as the contractor for this building permit constitutes my verification that the statements contained herein are true, and that I am subject to the penalty of 18 Pa. C.S.A 14904 relating to unsworn falsifications to authorities

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

before me, \_\_\_\_\_, notary public,

the undersigned personally appeared \_\_\_\_\_

\_\_\_\_\_

known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

\_\_\_\_\_  
Notary Public

**CONTRACTOR: complete this section and SIGN IN THE PRESENCE OF A NOTARY ONLY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name