



Property Address: _____
(location where work is to be done)

Please check one of the following:

- ◆ _____ Property Owner is performing own work. If property owner does hire a contractor to perform any work pursuant to the Building Permit; Contractor must provide proof of Worker's Compensation Insurance to The City of York, Bureau of Permits & Health Licensing. Property Owner assumes liability for Contractors' compliance with this requirement.
- ◆ _____ Contractor has **NO** employees, and by law is not required to carry Worker's Compensation insurance. Contractor is prohibited by law from employing any individual to perform work pursuant to this Building permit unless Contractor provides proof of worker's compensation Insurance to The City of York, Bureau of permits & Health Licensing.
Notarized affidavits will be needed for all sub-contractors also.
- ◆ _____ Religious exemption under Worker's Compensation Law. All employees of Contractor are exempt under worker's Compensation Insurance (attach copies of religious exemption for all employees).

(Please print & complete all information)
NAME (not your business name):

COMPLETE MAILING ADDRESS:

PHONE NUMBER (include area code)

TAX I.D. # OR Social Security #:

Your Signature must be witnessed by Notary Public

(Photo I.D. required)

Signature & Date:

Subscribed, Sworn to and acknowledge before me this _____ day of _____, 200____.

Notary Public _____

**** An original notarized Affidavit of Exemption will be required each time a permit is lifted****