

BOROUGH OF SOUTH GREENSBURG

- APPLICATION FOR DEMOLITION PERMIT -

NAME OF APPLICANT:

CONTRACTOR:

Name

Name

Address

Address

City State Zip

City State Zip

Phone No: _____

Phone No. _____

- Worker's Compensation Insurance Certificate
attached (contracted work)
or
 Worker's Compensation Insurance Affidavit
attached (non-contracted work)

Zoning District _____

Tax Map No. _____

APPLICATION IS MADE FOR:

- Residential 65.00
 Commercial or Industrial 130.00
 Accessory Building 13.00

Short description of building

Intended use of ground after demolition

CERTIFICATION OF APPLICANT: I hereby affirm that the above statements are true and correct and also agree to comply with the provisions of all applicable laws and ordinances.

Date _____

Signature of applicant

BOROUGH OF SOUTH GREENSBURG

WORKER'S COMPENSATION AFFIDAVIT

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

After receipt of the permit, if I employ any other persons I must notify the Zoning Officer 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.L. 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

Address

City State Zip

Sworn to and subscribed before me this
_____ day of _____, 20____.
My commission expires _____.

Signature of Notary Public