

**WORKER'S COMPENSATION**  
**"AFFIDAVIT OF EXEMPTION"**

**1.** The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker'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 building permit unless contractor provides proof of insurance to the township.

## Religious exemption under the Worker's Compensation Law.

**2. Lot # & Plan / Street Address of Building Permit Application:**

Lot # \_\_\_\_\_ Plan/Development \_\_\_\_\_

Street # \_\_\_\_\_ Street Name \_\_\_\_\_

3. Contractor's Federal or State Employer ID#: \_\_\_\_\_  
**(MUST BE INCLUDED)**

4. **Signature of Applicant:** \_\_\_\_\_

(Please print name as signed above): \_\_\_\_\_

**Name of Applicant's Company/Organization/Business (if different from above):**

-----do not write below this line-----

Commonwealth of Pennsylvania )  
County of Butler )

On this, \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, a  
Notary Public, the undersigned officer, personally appeared \_\_\_\_\_ known to  
me (or satisfactorily proven) to be the person whose name is subscribed to within instrument, and acknowledged  
that they executed the same for the purposes therein contained.

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

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## Notary Public

My commission expires: