

Slippery Rock Borough

306 E. Water Street, Slippery Rock PA 16057
724-794-6391 Fax 724-794-6448
code.enforcement@srboro.net

Building Permit Application

Date: _____	Architect/Engineer: _____
Applicant Name: _____	_____ NOT APPLICABLE _____
Address: _____	Phone: _____
Ph: _____ Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

Property where work is proposed: _____
_____ Parcel # _____

New Construction or Alterations

Proposed construction or alteration (explain in detail) SIDEWALK

Total Lineal Foot _____

Total Construction Cost: _____

Contractor Information

Contractor Name: _____

Address: _____

Phone: _____ Fax: _____

Worker's Compensation Policy No.: _____

Insurer: _____

Expiration No.: _____

Note, A permit will not be issued until a copy of the worker's compensation insurance certificate is submitted indicating Slippery Rock Borough as the certificate holder.

All permits required by the Commonwealth of Pennsylvania Department of Labor & Industry including Highway Occupancy Permits shall be obtained by and are the responsibility of the applicant. The applicant shall be responsible for identification of all utilities prior to excavation.

The undersigned hereby acknowledges that the above information and attached documents and drawings are true and accurate and that the permit requirements have been read and understood.

Applicant Signature: _____ Print _____ Date _____

Building Owner's Signature: _____ **Print** _____ **Date** _____

Borough Use: Date Received _____ / _____ / _____ Initials _____
Date Approved: _____ / _____ / _____ Date Denied: _____ / _____ / _____

Worker's Compensation Affidavit

The applicant for the Building Permit, in compliance with Act 44 of 1993, hereby submits the following Information and Affidavit. One of the following requirements must be marked:

- A current *Certificate of Insurance* indicating Worker's Compensation is attached. The certificate must indicate *Slippery Rock Borough* as the holder.

- The building permit applicant or indicated contractor qualifies as "Exempt from Worker's Compensation. Please indicate the reason for the exemption by checking on of the following and completing the subsequent information:
 - The Contractor/applicant is the owner of the property.
 - Contractor/Applicant is a Sole Proprietor without employees.
 - All of the contractor/applicants employees on the project are exempt on religious grounds under Section 304.2 of the Act. Please explain in detail:

 - Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Act. Explain the status of any/or all workers on the project:

Complete the following:

<p>Date: _____</p> <p>Name of Applicant/Contractor: _____</p> <p>Address: _____</p> <p>City _____ State _____ Zip Code _____</p> <ol style="list-style-type: none">1. Any subcontractors used on this project will be required to carry their own worker's compensation coverage.2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.3. Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law. <p>Signature: _____ Print Name _____</p> <p>Company: _____ Title: _____</p>
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