

NETHER PROVIDENCE TOWNSHIP
214 SYKES LANE
WALLINGFORD, PA 19086
OFFICE (610) 566-4516 FAX (610) 892-2890

APPLICATION FOR ROOF PERMIT

Name of Owner: _____ Phone No.: _____

Address of Owner: _____

Site Location: _____

Name of Contractor	Contractor's Phone Number, Daytime
Contractor's Address	Contractor's Email:

Type of Structure/Activity (Check off the boxes that pertain to this project)

Description of Structure/Activity: _____

Will you require a Dumpster? _____

Total Cost of Roof \$ _____

Permit fee: \$ _____ UCC Fee \$4.50

Fee Paid Cash _____ Check _____ Date Paid

Building Inspector: _____ Approved or Disapproved

Zoning Official: _____

Comment: _____

Contract Liability Workers Comp Materials List

**NETHER PROVIDENCE TOWNSHIP
WORKERS' COMPENSATION INSURANCE COVERAGE PER PA ACT 44 OF 1993**

THE APPLICANT (PROPERTY OWNER/TENANT/CONTRACTOR) IS: (Check one)

- Contractor and sole proprietor without employees. Exempt *
- Contractor and a corporation with only "Executive Employees" qualified under Section 104 of Act 44. Exempt *
- Contractor and exempt on religious grounds qualified under Section 304.2 of Act 44. Exempt *
- Property owner/tenant. Exempt *
- Required under Act 44 to have Workers' Compensation Insurance. Give us a Certificate of Insurance listing Nether Providence Township as a policy certificate holder.

Print Name of Applicant: _____

Name of Workers' Compensation Carrier. Complete if not Exempt _____

Federal/State I.D. No. (Complete if not Exempt): _____

All subcontractors working on this job must provide their own workers' compensation coverage and complete this form. If the applicant has checked off an exempt box the applicant must not employ anyone to work on this project. Violation(s) of the PA 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.

My signature as the applicant for this permit constitutes my verification that the statements contained herein are true; that the building plans, specifications, and materials conform to the Code of the Township of Nether Providence; and that the structure and/or activity will be completed in accordance with the building plans and specifications submitted with this permit application.

Signature of Applicant

Print Name

Date: _____ Name of Company (if Applicable): _____

* Must get notarized by a notary public if filing an exemption under PA Act 44 (Workers' Compensation Insurance).

Sworn and subscribed to before me this _____ day of _____
Seal

Signature of Notary: _____

Site Address: _____