



Biglerville Borough Council
33 Musselman Avenue
Biglerville, PA 17307
PH: 717-677-9488 / FAX: 717-677-4027
Email: office@biglerville.us / www.biglerville.us

Worker's Compensation Affidavit of Exception

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

After receipt of the building permit if I employ any other persons, I must notify the borough office and provide proof of insurance of worker's compensation within three 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(f) (4) of the act of June 2, 1915, known as the Pennsylvania Workmen's Compensation Act, reenacted, and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

I understand that false statements made herein are subject to the penalties of 18 PA C.S.A. relating to unsworn falsification to authorities.

Applicant(s) and Date Submitted

Notary Seal and Signature under this line