

Non-refundable Application Fee: \$75.00
Date Paid: _____ Check #: _____ Initials: _____

Borough of Kenhorst
339 South Kenhorst Blvd
Kenhorst, PA 19607
(610) 777-7327

Permit No. _____

Application / Fence Permit

Property Owner _____	Phone No. _____
Address _____ _____	
Property Location _____ _____	
Contractor _____	Phone No. _____
Address _____ _____	

PLOT PLAN (Draw property boundary and show area where fence will be erected)	
FENCE TYPE _____	
Height _____	Length _____
Cost \$ _____	
Is the purposes for the fence to protect a swimming pool <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the purpose for the fence to provide a buffer or secure an area for industrial or commercial use <input type="checkbox"/> Yes <input type="checkbox"/> No	

Application Date

Signature of Applicant

Date

Approved _____

Denied _____

Permit Fee \$ _____

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the homeowner/property owner performing the work (as requested in this application) yourself?

- No - go to question #2
- Yes - read this exemption statement, sign to indicate your understanding and submit this form with your application
"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: _____ Date: _____

2. Are you the homeowner/property owner who has hired a contractor to perform the work (as requested in this application)?

- No - go to question #3
- Yes - please have your contractor complete Sections A & B

3. Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application)?

- Yes - complete Section A & B
- No - please explain: _____

A. Name of Company _____

Contact person _____ Phone # _____

Address of company _____

Federal or State Employee Identification # _____

Please select one of the following options:

- Applicant is a qualified self-insurer for workers' compensation
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
 - Applicant carries workers' compensation coverage with an insurance company
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
 - Applicant is exempt from providing workers' compensation insurance because:
 - The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
 - All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.
- Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.**

Will you be using any subcontractor(s) on this project? No Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.

Signature _____ Date _____

Address _____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

County _____ Municipality of _____

My commission expires:

Subscribed and sworn to before me this-

_____ day of _____ 20__.

SEAL