

# ADDENDUM 2 TO CITY OF BUTLER BUILDING PERMIT

LOCATION OF WORK \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PERMIT # \_\_\_\_\_

.....  
Insurance Information: (*Insurance Certificates may be submitted in lieu of completion*)

Name of Contractor \_\_\_\_\_

Address of Contractor \_\_\_\_\_

Phone # of Contractor \_\_\_\_\_

Federal or State Employer I.D. Number \_\_\_\_\_

Applicant is a qualified self-insurer for Worker's Compensation: Yes \_\_\_\_ No \_\_\_\_

The undersigned affirms that he/she is not required to provide worker's compensation insurance under the provisions of the Pennsylvania Worker's Compensation Law for the following reason,

\_\_\_\_\_ Religious exemption under the Worker's Compensation Law. All employees of the contractor are exempt from worker's compensation insurance. All employees of the contractor are Amish and as such do not participate in the PA Worker's Compensation Program.

## CERTIFICATE OF APPLICATION

I/we have read and understand that false statements herein are made subject to penalties of the 18 PA. C.S. Section 4904, relating to unsworn falsification to authorities and are grounds for prosecution.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date