

# Township of Ridley

## Code Enforcement Department

### Workers Compensation Affidavit

I, \_\_\_\_\_ do solemnly swear and/or affirm that I will not employ/hire any other person for the project for which I am seeking a permit.

After receipt of said permit, if I employ any other person I must notify the Township of Ridley, Code Enforcement Department and provide proof of workers compensation insurance within three (3) working days.

I understand that failure to comply will result in a stop-work order. Said stop-work order may not be lifted until proper insurance coverage is obtained.

Contractor \_\_\_\_\_

Homeowner \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_

Day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

*This form is required when a contractor has **NO** workers compensation insurance **OR** when a homeowner is completing a project on their own.*