TOWNSHIP OF RIDLEY 100 E. MacDade Blvd. FOLSOM, PA 19033 610-534-4803 Fax 610-534-2545



| Date Received: By: | _ |
|--------------------|---|
| Permit #:          |   |
| Payment Type:      |   |
| Receipt #:         |   |

## Application for Curb and Sidewalk Permit

| Location of Property:  |   |
|--|---|
| Property Belongs to:   |   |
| Description of Work:   |   |
| Construction of Curb, Length: ft., Type:                     | - |
| Construction of Radial Curb, Length: ft., Type:              |   |
| Construction of 4" Sidewalk, Length: ft., Width: Type:       | _ |
| Construction of 6" Sidewalk, Length: ft., Width: Type:       | _ |
| Construction of 6" Driveway Apron, Length: ft., Width: Type: | _ |

This permit is issued in accordance with the agreement entered into by the application and is subject to all the terms and conditions set forth in the Township of Ridley ordinances pertaining to the work involved.

## NOTICES:

- 1. Safeguard construction against hazards to people and property.
- 2. Construction must be to lines and grades established by the Ridley Township Engineer.
- 3. Construction must be in accordance with Ridley Township specifications.
- 4. Keep original permit at site while work is under way.

| Date work to start:, 20   |
|---------------------------|
| Contractor Business Name: |
| Address:                  |
| Pennsylvania HIC #:       |
| Phone:                    |
| Date:                     |
|                           |

Please Complete Reverse Side of Form if Applicable

## 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(s) 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\_\_\_\_\_

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

Subscribed and sworn before me this:

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

Signature of Notary Public