

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



Date Received: _____	By: _____
Permit #: _____	
Payment Type: _____	
Receipt #: _____	
Notary Fee: \$ _____	

## 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 NO 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