BOROUGH OF KUTZTOWN

COMMUNITY DEVELOPMENT OFFICE • 324 WEST MAIN STREET • KUTZTOWN, PA 19530-1606 PHONE (610) 683-3290 • FAX (610) 683-3537

OWNER AFFIDAVIT:

PROPERTY OWNER	SHOP OWNER			
I, PRINT	NAME HERE	, do sol	lemnly swear that	t I will not hire
other person for the project for	r which I am seeking a			it. If I employ
other person to perform any	6			1 1
Office and provide proof of	Workers' Compensatio	n insurance cover	rage within three	working days
understand that failure to com proper coverage is obtained.	ply will result in a stop-	work order and that	at such order may	y not be lifted u
	Signature	SIGN	NAME. F	HERE
			Dormit N	In B
			Permit N Date issi	
			Permit N Date issu	
RELIGIOUS EXEMPTI I, PRINT NAME E		ng as Print		
T	HERE , operati	•	Date issu	ME HERE
I, PRINT NAME F	HERE , operati	•	Date issu	ME HERE
I, PRINT NAME H do not carry Workers' Compet	HERE , operatinsation. I am stating rel	•	Date issu	ME HERE
I, PRINT NAME H do not carry Workers' Compet	HERE , operatinsation. I am stating rel	•	Date issu	ME HERE
I, PRINT NAME H do not carry Workers' Compet	HERE , operatins ation. I am stating rel Signature Address	•	Date issu	ME HERE
I, PRINT NAME H do not carry Workers' Compet	HERE , operatinsation. I am stating rel		Date issu	ME HERE

---- FOR-OFFICIAL USE ONLY-----

On this the _____ day of _____, 200__, before me, _____, the undersigned officer, personally appeared ______ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public My commission expires: