



LIABILITY STATEMENT

LOWER SAUCON TOWNSHIP
3700 OLD PHILADELPHIA PIKE
BETHLEHEM, PA 18015
610-865-3291

I, _____, do
(print name)

solemnly swear that I will not employ hire any other persons for the project for which I am seeking a building permit.

After receipt of the building permit if I employ any other persons, I will notify this office and provide proof of workers' compensation coverage within three working days.

I understand that failure to comply will result in a STOP-WORK order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302(e)(4) of the act of June 2, 1915 (P.L.736), known as The Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993. Act 44

Signature _____

Subscribed and sworn to before me this

_____ day of _____, 20_____

(Signature of Notary Public)