

# Grading Permit Application

## Borough of Jefferson Hills

925 Old Clairton Road  
Jefferson Hills, PA 15025  
Phone: 412-655-7760  
Fax: 412-655-3143

Application fee paid: \_\_\_\_\_  
Additional fee Paid: \_\_\_\_\_

Ck. # \_\_\_\_\_  
Ck. # \_\_\_\_\_

Permit # \_\_\_\_\_

### Check one:

Minor Earth Disturbance – Type A  Minor Earth Disturbance – Type B  Major Earth Disturbance

**PROPERTY ADDRESS: (for new building or dwelling, Borough will assign new property number)**

**PLAN/SUBDIVISION:**

**LOT #:**

**ZONING:**

**LOT/BLOCK:**

### OWNER'S NAME:

**Address:**

**City/State/Zip:**

**PHONE NOS:**

**Home:** ( )

**Cell:** ( )

**Work:** ( )

**Email:**

### Contractor's Name:

**Address:**

**City/State/Zip:**

**PHONE NOS:**

**Work:** ( )

**Cell:** ( )

**Email:**

**ESTIMATED START DATE:**

**Cost:**

**Square Footage:**

### *WORKERS COMPENSATION ACT - to be completed by contractor*

Contractor, in compliance with Act 4 of 1993, hereby submits: **(PLEASE CHECK ONE)**

- |   |                                   |                                  |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Certificate of Workers Compensation Insurance  | <input type="checkbox"/> Attached | <input type="checkbox"/> On file |
| <input type="checkbox"/> Certificate of Self-Insurance  | <input type="checkbox"/> Attached | <input type="checkbox"/> On file |
| <input type="checkbox"/> Affidavit of Exemption   | <input type="checkbox"/> Attached | <input type="checkbox"/> On file |
| <input type="checkbox"/> Contractor/Applicant is a sole proprietorship without employees  |                                   |                                  |
| <input type="checkbox"/> Contractor/Applicant is a corporation or partnership and the only employees working on the job have and are qualified as |                                   |                                  |

“Executive Employees” under Section 104 of the Workers Compensation Act. Please Explain:

### Contractor's Federal or State Employee ID No. (EIN):

My signature of behalf of or as the Contractor for this building permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

### Contractor's Signature:

**Print Name:**

**Print Title:**

**Company Name:**

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date