

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 – (0 SF – 4,999 SF) Major Earth Disturbance – Type A (5,000 SF – 9,999 SF)
Major Earth Disturbance – Type B (10,000 SF and Greater)

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