

**APPLICATION FOR GRADING PERMIT**

RICHLAND TOWNSHIP  
4019 DICKEY ROAD,  
GIBSONIA PA 15044  
(724)443-5921

Permit No. \_\_\_\_\_

**Part I (To be filled in by applicant)**

1. Property Owner \_\_\_\_\_ Phone: \_\_\_\_\_
2. Address \_\_\_\_\_ Lot & Blk # \_\_\_\_\_
3. Location of proposed grading site: \_\_\_\_\_  
\_\_\_\_\_ Zoning District: \_\_\_\_\_
4. Description of proposed grading \_\_\_\_\_
5. Estimated number of acres affected: \_\_\_\_\_
6. Estimated number of cubic yards to be moved: \_\_\_\_\_
7. Estimated starting date: \_\_\_\_\_ Completion Date: \_\_\_\_\_
8. Contractor \_\_\_\_\_ Address \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
9. Estimated cost of proposed grading: \_\_\_\_\_
10. Plans prepared by: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
11. Date of Application \_\_\_\_\_
12. I hereby certify that the statements made in this application and accompanying documents are true to the best of my knowledge and belief. I agree to comply with the Ordinances, Rules and Regulations of Richland Township and that the work will be done in accordance with the approved plans and documents.
13. Signatures: (2 required) Owner or Agent \_\_\_\_\_  
Contractor \_\_\_\_\_

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**Part II (To be filled out by issuing officer)**

1. Have acceptable plans been submitted: \_\_\_\_\_
2. Has an adequate performance bond been posted: \_\_\_\_\_  
Amount \_\_\_\_\_ Type \_\_\_\_\_
3. Have all necessary requirements of Ordinance No. 76 for obtaining a permit been met? \_\_\_\_\_
4. Has check list been reviewed? \_\_\_\_\_
5. Grading Permit Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Ck. # \_\_\_\_\_
6. Date Approved: \_\_\_\_\_  
\_\_\_\_\_ Zoning Officer
7. Application rejected: Violation of Section \_\_\_\_\_
8. Remarks: \_\_\_\_\_

Supervisors:

Raymond P. Kendrick, Chairman

George P. Allen, Vice Chairman

John A. Marshall

Barton D. Miller

Donna L. Snyder



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### AFFIDAVIT OF WORKERS COMPENSATION EXEMPTION

The undersigned affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated:

\_\_\_\_\_ **Property owner performing own work.** If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of Workers' Compensation Insurance to the municipality. Homeowner assumes liability for contractor compliance with this requirement.

\_\_\_\_\_ **Contractor has no employees.** Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

\_\_\_\_\_ **Religious exemption under Workers' Compensation Law.** All employees of contractor are exempt from workers compensation insurance (attach copies of religious exemption letters for all employees.)

\_\_\_\_\_  
Signature of Applicant

County of \_\_\_\_\_

**Workers' Compensation Insurance Coverage Information  
(Attach to Building Permit Application)**

**A. The Applicant is:**

**A contractor within the meaning of the Pennsylvania Workers' Compensation Law**

Yes       No

**If the answer is "Yes", complete Sections B and C below as appropriate**

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**B. Insurance Information:**

**Name of Applicant** \_\_\_\_\_

**Federal or State Employer Identification No.** \_\_\_\_\_

**Applicant is a qualified self-insurer for workers' compensation.**

Certificate attached

**Name of Workers' Compensation Insurer** \_\_\_\_\_

**Workers' Compensation Insurance Policy No.** \_\_\_\_\_

Certificate attached

**Policy Expiration Date** \_\_\_\_\_

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**C. Exemption**

**Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.**

**The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:**

**Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.**

**Religious exemption under the Workers' Compensation Law.**

**Subscribed and sworn to before me this**  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Notary Public)**

**County of:** \_\_\_\_\_  
**Municipality of:** \_\_\_\_\_

**My commission expires:** \_\_\_\_\_

**(Seal)**