

**ADDENDUM TO BUILDING PERMIT ACT # 44 OF 1993**

**NON-EXEMPTION FORM**

**MUNICIPALITY OF PENN HILLS**

CODE ENFORCEMENT DEPARTMENT

12245 FRANKSTOWN ROAD

PENN HILLS , PA 15235

OFFICE # (412)798-2132 / FAX # (412)798-2160

**Note: Please Print or Type This Application**

I The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one)

Certificate of Insurance (Please attach)

Certificate of Self-Insurance (Please attach)

II If a certificate of insurance or self-insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy # \_\_\_\_\_

Coverage period ends \_\_\_\_\_

Name of Contractor / Policyholder \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor / Policyholder's federal or state employer identification number \_\_\_\_\_

Employer identification number \_\_\_\_\_

**LOCATION OF WORK**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number : \_\_\_\_\_

\_\_\_\_\_  
(applicant's signature)

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**MUNICIPALITY OF PENN HILLS**

**FOR COMPLETION OF MUNICIPAL OFFICIAL:**

Building Permit # B- \_\_\_\_\_ Date issued : \_\_\_\_\_

\_\_\_\_\_  
(Official's signature)