



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

UCC RECREATIONAL CABIN AFFIDAVIT

This form may be utilized to satisfy one of the conditions for excluding a recreational cabin from the construction requirements of the UCC, as provided for in Act 92 of 2004. It should be filled out completely and submitted to the municipality in which the cabin will be constructed. Submission of this form does not satisfy all the requirements of the Act related to this UCC exclusion. If you don't have the Tax Parcel ID Number, call the county property assessment office.

Type or print legibly all requested information.

Cabin Construction Site	Street Number & Name _____ City _____ Zip Code _____ Tax Parcel ID Number _____ County _____ Township, Borough or City Name _____
Cabin Owner Information	Owner Name _____ Street Number & Name _____ City _____ State _____ Zip Code _____ Telephone No. (____) _____
Owner Attestation	<p>By signing this statement in the presence of a notary public, I attest to the fact that the cabin to be constructed at the site listed above:</p> <ol style="list-style-type: none"> 1. Will be utilized for recreational activities only. 2. Will not be utilized as a domicile or residence by myself or any other person for any period of time. 3. Will not be used for any commercial purposes. 4. Will not exceed two stories in height (excluding the basement, if any). 5. Will not be used as a place of employment. 6. Will not be a mailing address for bills or correspondence. 7. Will not be listed as any individual's place of residence on a tax return, driver's license, vehicle registration or voter registration. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;"> _____ Owner Signature </div> <div style="width: 35%; text-align: center;"> _____ Date Signed </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; text-align: center;"> _____ Notary Name </div> <div style="width: 35%; text-align: center;"> _____ Date Commission Expires </div> </div>

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program