

TOWAMENCIN TOWNSHIP

CONTRACTOR REGISTRATION REQUIREMENTS

Attached is the contractor fee schedule and form for all persons applying for **renewal** or to register **new personnel**. If you are renewing a registration, please include registration number.

For registration/licensing of **Plumber, Electrician** or **Mechanical** trade persons, credential verification (photocopy of license from another township or certification of level of expertise per successful completion of related course or test) must be provided to the Township prior to registration/license issuance. Electrical inspectors must provide credentials, certifications, or testing equal to that of a Master Electrician.

In addition, the Worker's Compensation Reform Act requires the Township maintain a copy of an insurance certificate for **every** contractor, reflecting their coverage amounts for Worker's Compensation, along with the contractors' Federal or State Employer Identification Number (EIN). If eligible for an exemption, please be sure that the attached form is completed and notarized. **REGISTRATION/LICENSE WILL NOT BE ISSUED UNLESS ALL THE REQUESTED FORMS AND CERTIFICATIONS ARE INCLUDED WITH THE APPLICATION.**

Mail Completed Form To:

Towamencin Township
Code Enforcement Department
1090 Troxel Road, Lansdale, PA 19446

TOWAMENCIN TOWNSHIP

CONTRACTOR REGISTRATION FEES

<u>GENERAL CONTRACTORS:</u>			No Fee
<u>PLUMBING CONTRACTORS:</u>	Master Plumber	-New	-\$65.00
		-Renewal	-\$45.00
	Journeyman Plumber	-New	-\$40.00
		-Renewal	-\$30.00
<u>ELECTRICAL CONTRACTORS:</u>	Master Electrician	-New	-\$65.00
		-Renewal	-\$45.00
	Journeyman Electrician	-New	-\$45.00
		-Renewal	-\$40.00
<u>MECHANICAL CONTRACTORS:</u>	HVAC	-New	-\$40.00
		-Renewal	-\$35.00
	Journeyman HVAC		-\$20.00

CONTRACTORS LICENSE REGISTRATION FORM

NAME OF COMPANY: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

<u>INDIVIDUAL NAME</u>	<u>TYPE OF REGISTRATION</u>	<u>REG/LICENSE NO</u> <i>(fill out if you have been previously registered)</i>	<u>FEE</u>
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OFFICIAL USE ONLY

Type of Registration: _____

Registration/License Number: _____

Amount Paid: _____ Check Number: _____

Date Paid: _____

Date Registration Card Issued: _____

Approved By: _____ Date: _____

WORKER'S COMPENSATION INSURANCE INFORMATION

Federal or State Employer ID No: _____

I – THE APPLICANT IS

A contractor within the meaning of the Pennsylvania Worker's Compensation Law

Yes No

If yes, please complete Sections II and III.

II – INSURANCE INFORMATION

Name of Applicant: _____

Applicant is a qualified self-insurer of worker's compensation Certificate attached

Name of Worker's Compensation Insurer: _____

Worker's Compensation Insurance Policy Number: _____

Policy Expiration Date: _____ Certificate attached

III – EXEMPTION

Complete this section if applicant is claiming exemption from Worker's Compensation Insurance.

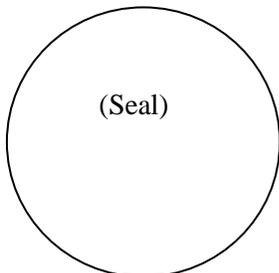
The undersigned applicant swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated below:

- 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 Worker's Compensation Law

Subscribed and sworn before me this _____ day of _____, 20__

Signature of Notary Public _____

Notary Public commission expires: _____



Signature of Applicant _____

Address _____

County of _____