

TOWAMENCIN TOWNSHIP

**COMMERCIAL CONTRACTOR  
REGISTRATION REQUIREMENTS**

Attached is the contractor fee schedule and form for contractor registration. If you are renewing a registration, please include registration number.

For registration/licensing of **Plumber, Electrician or Mechanical**, provide their Certificate of Insurance Liability including Workers' Compensation and a copy of their PA License form. If eligible for an exemption, please be sure that the attached form is completed. **Registration/License will not be issued unless all the requested forms and certifications are included with the application.**

**Complete and Return the following forms To:**

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

**TOWAMENCIN TOWNSHIP**  
1090 Troxel Rd, Lansdale, PA 19446  
Phone: 215-368-7602 Fax: 215-368-7650

**COMMERCIAL CONTRACTOR  
REGISTRATION FEES**

**GENERAL CONTRACTORS:**

No Fee

**PLUMBING CONTRACTORS:**

Master Plumber	-New	-\$65.00
	-Renewal	-\$45.00
Journeyman Plumber	-New	-\$40.00
	-Renewal	-\$30.00

**ELECTRICAL CONTRACTORS:**

Master Electrician	-New	-\$65.00
	-Renewal	-\$45.00
Journeyman Electrician	-New	-\$45.00
	-Renewal	-\$40.00

**MECHANICAL CONTRACTORS:**

HVAC	-New	-\$40.00
	-Renewal	-\$35.00
Journeyman HVAC		-\$20.00

**COMMERCIAL CONTRACTORS  
LICENSE REGISTRATION FORM**

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

<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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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PA/HIC License Number** \_\_\_\_\_

**OFFICIAL USE ONLY**

Registration/License Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Issued: \_\_\_\_\_

# TOWAMENCIN TOWNSHIP

## WORKER'S COMPENSATION EXEMPTION INSURANCE INFORMATION

Contractor's Business Name: \_\_\_\_\_

**IF YOU ARE WORKER'S COMP EXEMPT...**

**Please complete and return to: 1090 Troxel Rd, Lansdale, PA 19446**

### II – 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

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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