NETHER PROVIDENCE TOWNSHIP 214 Sykes Lane Wallingford, PA 19086 Office 610-566-4516 Fax 610-892-2890

APPLICATION FOR CONTRACTOR'S ANNUAL LICENSE GENERAL, PLUMBING, HVAC, ELECTRICAL & TREE WORK

	Date:
Contractor's Name:	
Contractor's Address:	
Contractor's Cell Phone/Beeper No.:	
Check the appropriate box.	
Contracting Plumbing HVAC \$100.00 \$50.00 \$100.00	Electrical Tree Work \$ 50.00 \$50.00
Are you registered in another municipality in Delaware County?	Yes No
If yes, where?	

- All plumbing, hvac, electrical and tree contractors must register annually for a license. The license expires December 31st
 Requirement of the license Certificate of Liability Insurance designating Nether Providence Township as the certificate
- holder for liability insurance with the minimum limits of \$ 100,000/\$300,000.
- Complete the attached workers compensation insurance form. If you are filing an exemption from PA Act 44 (Workers Compensation Insurance) the exemption stays in force until December 31st.

For office use:		
Workers Compensation	Liability Insurance	
Fee Paid: Cash	Check	Date Paid
Plumbing License #		
General Contracting License #	Tree Contractor Licens	Se #

INSURANCE COVERAGE PER PA ACT 44 OF 1993

THE APPLICANT (PROPERTY OWNER/TENANT/CONTRACTOR) IS: (Check one)		
Contractor and sole proprietor without employees. Exempt *		
Contractor and a corporation with only "Executive Employees" qualified under Section 104 of Act 44. Exempt *		
Contractor and exempt on religious grounds qualified under Section 304.2 of Act 44. Exempt *		
Property owner/tenant. Exempt *		
Required under Act 44 to have Workers' Compensation Insurance. Give us a Certificate of Insurance listing Nether Providence Township as a policy certificate holder.		
Print Name of Applicant:		
Cell Phone/Beeper No.:		
Type of Trade:		
Tree Other , List:		
Name of Workers' Compensation Carrier. Complete if not Exempt		
Federal/State I.D. No. (Complete if not Exempt):		
All subcontractors working in Nether Providence Township must provide their own workers' compensation coverage and complete this form. If the applicant has checked off an exempt box the applicant must not employ anyone to work on this project. Violation(s) of the PA Worker's Compensation Act or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by law.		
My signature as the applicant constitutes my verification that the statements contained herein are true.		
Signature of Applicant Print Name		
Date: Name of Company (if Applicable):		
* Must get notarized by a notary public if filing an exemption under PA Act 44 (Workers' Compensation Insurance).		
Sworn and subscribed to before me this day of		
Seal		
Signature of Notary:		