

Easttown Township



BOARD OF SUPERVISORS

Alfred S. Pioggia, Chairman

Christopher D. Polites, Vice Chair

James W. Oram, Jr.

Marc J. Heppe

Betsy Fadem

566 Beaumont Road, Devon PA 19333
Telephone: 610-687-3000 / Fax: 610-687-9666

CONTRACTOR REGISTRATION

If you are a contractor with a PA Home Improvement Contractor Number from the State of Pennsylvania, you need to submit that number and Proof of Workman's Compensation Insurance showing Easttown Township as additional insured with each permit application you submit.

If you are a Commercial Contractor (without a PA Home Improvement Contractor Number from the State of Pennsylvania) or if you are a Residential Contractor (without a PA Home Improvement Contractor Number from the State of Pennsylvania) you will need to complete the following information:

- Complete and current company name, address and phone number
- Name and phone number of contact person
- On the Affidavit:
If you HAVE Worker's Comp. Coverage please fill out parts A, B, and C (does *not* need to be notarized).
If you DO NOT have Worker's Comp. Coverage, please fill out parts A, B, and D (MUST be notarized).
- Certificate of Insurance for your company with Easttown Township listed as Certificate Holder and showing proof of Worker's Compensation coverage.
- Copy of license card from another township
- List of 3 references (either clients or contractors you have worked with)
- \$75.00 fee (cash or check)

Email: easttown@easttown.org

Website: www.easttown.org

APPLICATION FOR CONTRACTOR REGISTRATION

DATE: _____

REGISTRATION NO: _____

FOR THE ISSUE OR RENEWAL OF REGISTRATION TO ENGAGE IN AND CARRY ON THE BUSINESS OF:

- | | |
|--|---|
| <input type="checkbox"/> GENERAL CONTRACTOR | <input type="checkbox"/> HVAC CONTRACTOR |
| <input type="checkbox"/> ELECTRICAL CONTRACTOR | <input type="checkbox"/> ROOFING CONTRACTOR |
| <input type="checkbox"/> PLUMBING CONTRACTOR | |

(PLEASE PRINT)

NAME OF CONTRACTOR: _____

NAME OF COMPANY: _____

ADDRESS OF COMPANY: _____

PHONE NUMBER: _____ FAX NUMBER: _____

REGISTRATION FEE: \$75.00 CONTRACTOR REGISTRATION

MAKE CHECK PAYABLE TO: EASTTOWN TOWNSHIP
566 BEAUMONT ROAD
DEVON, PA 19333
610-687-3000

IMPORTANT: ENCLOSE A CERTIFICATE OF INSURANCE, SHOWING YOUR LIABILITY & WORKERS' COMP LIMITS, WHICH WILL COVER YOU/YOUR COMPANY FOR THE ENTIRE YEAR. CERTIFICATE HOLDER MUST READ EASTTOWN TOWNSHIP WITH ADDRESS.

*****PLEASE DO NOT FAX CERTIFICATE OF INSURANCE*****

- COPY OF A LICENSE CARD FROM ANOTHER TOWNSHIP.
- LIST OF 3 JOB REFERENCES IS REQUIRED FOR ALL CONTRACTORS.
- PLEASE INCLUDE ADDRESSES AND PHONE NUMBERS FOR ALL REFERENCES.

SIGNATURE OF APPLICANT: _____

DATE: _____

AFFIDAVIT

Commonwealth of Pennsylvania
County of _____

BEFORE ME, _____, A NOTARY PUBLIC, THE
UNDERSIGNED OFFICER, THIS DAY PERSONALLY APPEARED:

(Name and Address)

TO ME KNOWN (OR SATISFACTORILY PROVEN), WHO BEING DULY SWORN ACCORDING TO
LAW, DEPOSES AND SAYS: (Statement starts here)

Workers' Compensation Insurance Coverage Information
(Attach to building permit application)

A. Applicant Name: _____
Tax ID # or Social Security # _____

B. The Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:
() YES (complete Section "C") () NO (complete Section "D")

C. Insurance Information: APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKMEN'S COMPENSATION
() Certificate of Insurance is attached

Name of Workers' Compensation Insurer: _____
Workers' Compensation Insurance Policy No.: _____
Policy Expiration Date: _____

The undersigned deposes and says that the information set forth above is true and correct to the best of the knowledge information and believe of the
undersigned and that such is given subject to the penalties of 1B Penn.C.S., Section 4904, relating to unsworn falsification to the authorities.
** See Notary Information Below

Applicant Signature

D. Exemption: COMPLETE THIS SECTION IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM
PROVIDING WORKERS' COMPENSATION INSURANCE:

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance for one of the following
reasons:

- () Contractor with no employees. Contractor is prohibited by law from employing individuals to perform any work pursuant to this
building permit unless contractor provides proof of insurance as required by section "C" above.
() Religious exemption under workers' compensation law.

Applicant Signature

Applicant Address

NOTARY INFORMATION:

Subscribed and sworn before me
This _____ day of _____, 20_____.

Signature of Notary: _____
(SEAL)