

Contractor License Application

Abington Township, PA

1176 Old York Road, Abington PA 19001, Fax: 215-884-8271, Telephone: 267-536-1000



Please note the following:

1. This form must be filled out completely or it will be returned. This will delay processing and no permits will be issued until validation of registration.
2. A current certificate of insurance must accompany the registration application. It may be mailed in ahead of time, it can be faxed at 215-884-8271, it can be attached to this application.
3. Failure to submit a current certificate of insurance with Abington Township named as certificate holder will result in the return of the registration application.
4. The proper fee of \$75.00 must be enclosed with a check or money order made payable to the Township of Abington.
5. Failure to do any or all of the above will result in the application being returned and any submitted permits revoked or denied.

License Information

| | | | |
|--------------------------------------|----------------------|------------|----------------------|
| Business Name | <input type="text"/> | | |
| Business Address | <input type="text"/> | | |
| Number of Vehicles used for Business | <input type="text"/> | | |
| Phone Number | <input type="text"/> | Fax Number | <input type="text"/> |
| Type of Work your Business Performs | <input type="text"/> | | |
| Email Address | <input type="text"/> | | |

List **ALL** Names and Titles of Owners, Partners, Directors, and Officers of the firm (name, title):

In the last two years has any other municipality refused to issue or revoked a Contractor's License or Registration? If **YES**, what was the reason for that action?

A prior refusal or rejection in another municipality does not constitute a refusal in Abington Township. List all other municipalities in which your company is licensed:

No Contractor's Registration shall be issued unless the applicant files a Certificate of Insurance at the time of application. Insurance must be maintained for public liability, bodily injury, property damage, product liability, and completed operations. Each of which must have a single occurrence limit of at least one hundred thousand dollars (\$100,000). The Certificate of Insurance must name Abington Township as the certificate holder.

It may be submitted at the time of application or faxed at the time of application.

Printed Name of Applicant _____

Signature of Applicant _____

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Workers' Compensation Insurance Coverage Information

The Applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation law Yes No

If the answer is **Yes**, complete the below sections as appropriate.

Insurance Information

Names of Applicant

Federal or State Employee Identification Number

Applicant is a qualified self-insurer of Worker's Compensation.

Certificate Attached

Name of Worker's Compensation Insurer

Worker's Compensation Insurance Policy Number

Certificate Attached

Policy Expiration Date

Exemption

Complete this section if the applicant is a contractor exempt from providing Worker's Compensation Insurance.

The undersigned 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.

Contractor without 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.

Notice to Contractors:

When making application for permits where the permit fee is calculated by the cost of the job, a copy of the "work contract" must be submitted with the permit application.

As with all permit applications, if this information is not available at the time the application is submitted, you will be asked to return at a later time to complete the process.

Amy R. Montgomery
Director of Engineering & Code Enforcement