



# MECHANICAL PERMIT

Note: All required information must be completed or the application will be returned. Please print or type all information clearly.

## CONTRACTOR REGISTRATION APPLICATION

Check the applicable registration type(s):

PLUMBING \_\_\_\_\_  
HV A/C \_\_\_\_\_

### 1. BUSINESS INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

### 2. MECHANICS INFORMATION

A. Master Mechanic Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Number of years employed by company: \_\_\_\_\_

Have you taken a written contractors exam? \_\_\_\_\_

If so what type (plumbing, HV A/C, electrical, other)? \_\_\_\_\_

Where and in what year? \_\_\_\_\_

Name of trade school or apprenticeship program you completed and certification(s) attained? \_\_\_\_\_

Contractor license(s) from other municipalities? **ATTACH PHOTOCOPY**

B. List all other mechanics: (use reverse if needed, check here:  )

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### 3. REGISTRATION FEE

#### IMPORTANT NOTICE

Contractors must submit certificates of insurance to obtain registration certificate to work in the township. Such certificate of insurance shall include WORKERS' COMPENSATION. Should workers' compensation insurance expire for any reason the contractor's registration will be immediately revoked.

\_\_\_\_\_  
Signature

# **MECHANICAL PERMIT**

## **NOTICE**

### **WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

The attached form must be completed by all parties acting as the Applicant, when applying for a Building, Electrical, Plumbing, Mechanical, Grading, Buried Tank, or other permit. All parties, with the exception of those exempt under Section C, shall also submit a Workers' Compensation Certificate which includes the effective date of the coverage and the original signature of the insurer. (Faxed copies will not be accepted.)

### **GENERAL LIABILITY INSURANCE COVERAGE INFORMATION**

In addition to the above, all applicants, with the exception of the property owner, shall submit an Insurance Certification of General Liability in the amount of \$500,000 or more. The Township shall be noted as the Certificate Holder. Such certification shall carry the original signature of the insurer. (Faxed copies will not be accepted.)

### **PROPERTY OWNERS' INFORMATION**

If the applicant is the owner of the property, Insurance Certification for general liability and workers' compensation are not required to obtain a Permit. However, should the property owner hire or contract with other parties or subcontractors, the homeowner could be held responsible for a loss, if those parties do not have the proper insurance. The homeowner applicant should assure that anyone working on their property has in force the proper current liability and workers' compensation insurance coverage.

BJC/rtc  
rev 11/21/94

# MECHANICAL PERMIT

PENNSBURY TOWNSHIP  
ADDENDUM TO APPLICATION FOR BUILDING PERMIT

## WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

### I. APPLICANT

Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Applicant is contractor within the meaning of the Pennsylvania Workers' Compensation Law:

( ) Yes ( ) No

If the answer is "Yes", complete Sections II and III below, as appropriate.

B. Applicant has hired or intends to hire a contractor within the meaning of the Pennsylvania Workers' Compensation Law.

( ) Yes ( ) No

### II. APPLICANT'S FEDERAL OR STATE IDENTIFICATION NUMBER: \_\_\_\_\_

If Applicant is a qualified self-insurer for Workers' Compensation, attach Certificate of Insurance to this Addendum

If Applicant subscribes for Workers' Compensation Insurance:

Name and address of Workers' Compensation Insurer \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Attach Certificate of Insurance to this Addendum

NOTE: Pennsbury Township must be named as an additional insured on all Certificates of Workers' Compensation and/or on all Certificates of Qualified Self-Insurance.

### III. EXEMPTION

This Section is to be completed ONLY if Applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

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

( ) Religious Exemption  
( ) Contractor has no employees.

**NOTE: Contractor is prohibited from employing any individual to perform any work in connection with the building permit unless and until contractor provides to Pennsbury Township satisfactory proof of insurance.**

**In the event that Pennsbury Township receives actual notice that a building permittee who has filed an affidavit of exemption from Workers' Compensation Insurance has hired employees to perform work in connection with the building permit and has not obtained the required insurance and provided Pennsbury Township with the requisite information, Pennsbury Township shall issue a stop work order. Such stop work order shall remain in effect until proper Workers' Compensation coverage is obtained and proper documentation is received by Pennsbury Township.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

STATE OF PENNSYLVANIA  
COUNTY OF CHESTER

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument, and acknowledge that they executed the same for the purpose therein contained. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public (Seal)