

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 _____