

# TOWANDA BOROUGH

## CODE ENFORCEMENT OFFICE

724 Main Street  
Towanda PA 18848

570-268-9201 - Office  
570-268-9207 - Office  
570-265-6722 - Fax  
jim@towandaborough.org

2010

### APPLICATION FOR CONTRACTOR'S REGISTRATION/RENEWAL NEW HOME / COMMERCIAL CONTRACTORS

Date: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Partners/Directors Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SS # or Employer Identification Number \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

Number of Years as Contractor: \_\_\_\_\_

Do you sub-contract? \_\_\_\_\_ If so, what type of work subbed? \_\_\_\_\_

1. Have you ever been refused a Registration or had a similar contractor's registration revoked or suspended within two (2) years prior to date of this application? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, EXPLAIN: \_\_\_\_\_

2. Have you ever been convicted within two (2) years prior to this application of any crimes, offenses, or violations relating o your work or contracts as a contractor? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, EXPLAIN: \_\_\_\_\_

3. Are there any unsatisfied civil judgments against you alleging that you failed to complete or improperly performed a contract? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, EXPLAIN: \_\_\_\_\_

4. Driver's License Number/State: \_\_\_\_\_

5. What other Contractor license(s), Permit(s) do you currently hold? \_\_\_\_\_

6. IF NEW APPLICANT, LIST THE LAST three (3) JOBS DONE: Property owner, name and phone number and type of work:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(over)

7. I do hereby certify that the information contained in this application is correct to the best of my Knowledge and further agree that the information in this application shall be available to the public for inspection. It is understood that all construction in the Borough of Towanda will comply with the 2006 International Codes as adopted by the Towanda Borough Council.

FEE: \_\_\_\_\_

RECEIVED: \_\_\_\_\_

By: \_\_\_\_\_

To be used by Code Enforcement Office Only

CR# \_\_\_\_\_

\_\_\_\_\_  
Code Enforcement Officer

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**WORKERS' COMPENSATION AFFIDAVIT**

I, \_\_\_\_\_ DO SOLEMELY SWEAR THAT I WILL NOT EMPLOY/HIRE ANY  
(Signature)  
OTHER PERSON FOR THE PROJECT(S) FOR WHICH I WILL SEEK ANY BUILDING PERMIT(S).

After receipt of any building permit(s), if I employ any other person(s), I will notify the Code Enforcement Office and provide proof of Workers' Compensation coverage within three (3) working days.

I understand that failure to comply will result in a Stop Work Order and that such order may not be lifted until proper coverage is obtained, as provided by Section 302© (40 of the Act of June 2, 1915 (P.L. 736)) known as the Pennsylvania Workers' Compensation Act, reenacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF BRADFORD  
{SS:

Before me, a Notary Public, the undersigned officer, personally appeared the above signed, known to me (or satisfactorily proven) to the person(s) whose name(s) is (are) subscribed to within the instruction and acknowledge that (he, she, they) are executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ YR \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_