

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

2012

APPLICATION FOR CONTRACTOR'S REGISTRATION/RENEWAL HOME IMPROVEMENT / NEW HOME / COMMERCIAL CONTRACTOR

Date: _____ Phone # _____ Cell Phone # _____

Business Name: _____

Owner/Partners/Directors Names: _____

Address: _____

City: _____ State: _____ Zip _____

PA Registration # _____ Expiration Date: _____ # Years as Contractor _____

E-mail Address: _____ SS # or EIN # _____

Type of work Performed: _____

Do you sub-contract? _____ If so, what type of work sub-contracted? _____

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 to 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 2009 International Codes as adopted by the Towanda Borough Council.

FEE: _____

To be used by Code Enforcement Office Only

RECEIVED: _____

CR# _____

BY: _____

Code Enforcement Office

* * * * *

WORKERS' COMPENSATION AFFIDAVIT

I, _____ DO SOLEMNLY SWEAR THAT I WILL NOT EMPLOY/HIRE ANY OTHER PERSON FOR
(Signature)
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(c) (40 of the Act of June 2, 1915 {P.L. 736}) known as the Pennsylvania Workers' Compensation Act, re-enacted and amended June 21, 1939 and amended December 5, 1974 and amended July 2, 1993.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF BRADFORD

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 _____, _____

Notary Public

My Commission Expires: _____