



Community Development Department

100 Parklane Drive • Eagleville, PA 19403
 Phone: (610) 539-8020 • Fax: (610) 539-6347
 www.lowerprovidence.org

Change of Subcontractor Form

Due to the Pennsylvania Workers Compensation Insurance regulations all change in subcontractors must provide proof of insurance and a current copy of their license to operate in Lower Providence Township with this change of application form.

Job Location:	Permit No:
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General Contractor:			
Contractor Address:			
City, State, Zip:			
Phone:		Fax:	
E-mail:		License No.:	

To Replace #1

Subcontractor No. 1:			
Contractor Address:			
City, State, Zip:			
Phone:		Fax:	
E-mail:		License No.:	
Electrical	Mechanical	Plumbing	

With Subcontractor #2

Subcontractor No. 2:			
Contractor Address:			
City, State, Zip:			
Phone:		Fax:	
E-mail:		License No.:	

Required Signatures

Property Owner: _____ Date: _____
 General Contractor: _____ Date: _____
 No. 2 Subcontractor: _____ Date: _____