



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 539-8020 • Fax: (610) 539-6347

www.lowerprovidence.org

Contractor Registration for _____

Indicate the calendar year (Jan. – Dec.)
for which this registration is being submitted.

Registration Fee: \$100.00

General Contractor

Electrician

Plumber

Please note: All electrical work performed in Lower Providence Township is to be inspected by a PA-certified Third Party Electrical Underwriter. (Third Party Electrical Underwriters certified to conduct inspections in Pennsylvania are listed on the PA Department of Labor and Industry website.)

Company/Employer: _____

Business Phone #: _____

Contractor Name: _____

Contractor Address: _____

City, State, Zip: _____

Cell #: _____

Email: _____

HIC#: _____

HIC# Expiration Date: _____

Where applicable

The following items must be provided before a valid LPT registration will be issued:

- Current Certificate of Insurance with Lower Providence Township named as Additional Insured
- If submitted Certificate of Insurance does not reflect Workers' Compensation coverage, the attached "Pennsylvania Workers' Compensation Exemption" form must be completed, notarized & returned.
- Copy of a current registration with another Municipality when not registered with PA Attorney General

Applicant - Sign

Submission Date

Applicant - Print

FOR OFFICE USE: Registration Fee Payment	
Payment method:	
Application processed by:	



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Pennsylvania Workers' Compensation Exemption

*If a Workers' Compensation exemption is being claimed,
please complete this form and sign in the presence of a Notary Public.*

NOTE: If an exemption is claimed, this form will be maintained in Lower Providence Township records only through December 31st of the year in which it was submitted. It is the responsibility of the contractor to renew this form yearly. If the contractor wishes to provide a certificate of Workers' Compensation Insurance, the contractor must notify their insurance company that Lower Providence Township is to be named as the policy certificate holder on the certificate.

Basis for exemption (Indicate one):

- The Contractor for this building permit is a sole proprietorship without employees
- The Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

- All of the Contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain: _____

- Other – Please explain: _____

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

- ☞ This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act
- ☞ The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder
- ☞ Any subcontractors used on this project will be required to carry their own workers' compensation coverage
- ☞ The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage
- ☞ Violation of the Workers' Compensation Act or the terms of this information form will subject the contractor to a stop-work order and other fines and penalties as provided by law



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My signature on behalf of or as the contractor as stated on this form constitutes my verification that the statements contained herein are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Providence Township Municipal representatives or authorities.

Signature: _____

Date: _____

Name: _____

Title: _____

Company Name: _____

Subscribed and sworn to / before me this

seal

_____ day of _____

Signature of Notary Public

My Commission expires: _____