



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 635-3512 • Fax: (610) 539-6347

www.lowerprovidence.org

Contractor Registration for _____

Calendar year for this submission.

Items to submit as part of the registration process:

- ☐ **Completed Contractor Registration form:** Page 1 minimum
- ☐ **Annual Registration fee:**
 - Required for all Commercial work
 - Lower Providence Township will consider waiving the required fee for Residential work based on our verification with the PA Attorney General's office of a currently paid Home Improvement Contractor (HIC) registration
- ☐ **Current Certificate of Insurance:**
 - Certificate must reflect that Lower Providence Township has been added to the Liability policy as Additional Insured
- ☐ **Workers Compensation waiver signed & notarized:** Page 2 – *only needed if supplied Certificate does NOT reflect Workers Compensation*

I wish to register as the following type of Contractor:

- ☐ General Contractor ☐ Mechanical ☐ Electrician ☐ Plumber
☐ Other (please provide description) _____

Company/Employer: _____

Business Phone #: _____

Contractor Name: _____

Contractor Address: _____

City, State, Zip: _____

Cell #: _____ Email: _____

HIC#: _____ HIC# Expiration Date: _____
Where applicable

Applicant - Sign

Applicant Name - Print

FOR OFFICE USE: Registration Fee Payment & Processing

Payment method: _____

Processed by: _____



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Company/Contractor: _____

Pennsylvania Workers' Compensation Exemption

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 & 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: _____
- _____

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: _____

Printed Name: _____

Title: _____

Company Name: _____

SECTION TO BE COMPLETED BY NOTARY:

Subscribed and sworn to / before me this

seal

_____ day of _____

Signature of Notary Public

My Commission expires: _____



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INFORMATIONAL PAGE -

Pennsylvania Workers' Compensation Exemption

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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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 registration to operate in Lower Providence Township with this "Change of Subcontractor Form".

Job Location:		Permit No:	
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General Contractor:			
Contractor Address:			
City, State, Zip:			
Phone:		LPT Reg#:	
E-mail:			

(originally listed for this project)

Subcontractor No. 1:			
Contractor Address:			
City, State, Zip:			
Phone:		LPT Reg#:	
E-mail:			
Electrical <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	

(to complete this project)

Subcontractor No. 2:			
Contractor Address:			
City, State, Zip:			
Phone:		LPT Reg#:	
E-mail:			

Required Signatures

Property Owner: _____ Date: _____

General Contractor: _____ Date: _____

Subcontractor No. 2: _____ Date: _____