

# LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue  
Feasterville, PA 19053

[215] 357-7300  
[215] 494-2965 *fax*

## CONTRACTOR REGISTRATION

### TO ALL CONTRACTORS:

In order to work within the Township of Lower Southampton you must:

- 1) Complete the attached form.
- 2) Submit a Certificate of Insurance showing General Liability of at least \$1,000,000.00 and Workman's Compensation.
- 3) Pay annual fee -or- submit a copy of your State Registration Certificate/Card.
- 4) Complete the attached Workers Compensation form. Complete section B if you carry Worker's Compensation. If you **do not** carry Worker's Compensation, complete section C and have this form notarized. A copy of the Worker's Compensation form must accompany your permit application each time a permit is applied for.

Effective August 31, 1993, PA Act 44 requires all contractors applying for licenses or permits to provide proof of Worker's Compensation insurance or an affidavit stating that they are not required to carry such insurance.

- 5) There will be an administrative penalty if you have not applied for a permit and are forced to obtain one. Permit fees will be DOUBLED!

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### OPERATING IN LOWER SOUTHAMPTON TOWNSHIP:

*Book of Ordinances; Chapter 27, Subsection 2208.5 A-C*

*"5. Temporary Signs of Mechanics, Contractors or Artisans provided:*

- A. *Such signs shall be erected **only on the premises** where such work is being performed.*
- B. ***Not more than one** such sign for each mechanic, contractor or artisan working shall be erected on any premises unless such property fronts on more than one street in which case not more than one such sign for each mechanic or artisan shall be erected on each frontage.*
- C. *Such signs shall be removed **promptly upon completion of work.**"*

*Temporary contractor signs have become a problem in Lower Southampton Township. Our contractors have been abusing the sign ordinance by leaving signs on properties long after the work has been completed. Be advised that Lower Southampton Township will no longer tolerate this behavior and will respond by citing contractors of this signage violation.*

Thank you in advance for your cooperation,  
Lower Southampton Township

# LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue  
Feasterville, PA 19053

Phone# 215-357-7300  
Fax# 215-494-2965

## APPLICATION FOR CONTRACTOR REGISTRATION

Liability Insurance Expiration Date \_\_\_\_\_ License # \_\_\_\_\_

Worker's Compensation Expiration Date \_\_\_\_\_

GENERAL       ELECTRICAL       PLUMBER       MECHANICAL  
 SIGN       PAVING, GRADING & WALLS       FIRE PREVENTION

NAME OF BUSINESS \_\_\_\_\_  
PLEASE PRINT

APPLICANT NAME \_\_\_\_\_  
PLEASE PRINT

PHONE # \_\_\_\_\_ EXT. \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
PLEASE PRINT

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PLEASE PRINT

HOME ADDRESS \_\_\_\_\_  
PLEASE PRINT

### BACKGROUND INFORMATION

Has any municipality refused to issue to you or revoked any similar contractors' license within the past two (2) years?

YES     NO    *If yes, attach written explanation of circumstances and reason for denial or revocation.*

Have you been convicted within the past two (2) years of any offenses related to your work or contracts as a contractor?

YES     NO    *If yes, attach written explanation of the nature of the conviction and the caption, court, and term number of proceeding.*

**I HEREBY CERTIFY THAT THE STATEMENT CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.**

APPLICANT SIGNATURE \_\_\_\_\_

APPLICANT TITLE \_\_\_\_\_  
PLEASE PRINT

\_\_\_\_\_

AUTHORIZED SIGNATURE

DATE

# Workers' Compensation Insurance Coverage Information

(attach to building permit application)

## A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes

No

If the answer is "yes," complete Sections B and C below as appropriate.

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## B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation

*Certificate attached*

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

*Certificate attached*

Policy Expiration Date \_\_\_\_\_

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## C. Exemption

*Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance*

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

**Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.**

**Religious exemption under the Workers' Compensation Law.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

(Seal)

Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_