



LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue - Feasterville, PA 19053
(215) 357-7300 - (215) 494-2965 fax

CONTRACTOR REGISTRATION

In order to work within the Township of Lower Southampton **ALL CONTRACTORS MUST:**

- 1) Complete an application for **each type** of contractor registration submitted.
- 2) Complete **each line item** on the attached application for Contractors Registration.
- 3) Complete the attached Workers' Compensation Insurance Coverage Information page.
 - Workers' Compensation Insurance **Carriers:** Complete section A & B
 - Workers' Compensation Insurance **Exempt:** Complete section A & C and have notarized

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.

A copy of the Worker's Compensation form must accompany your permit application each time a permit is applied for.

- 4) Submit certificate of insurance documentation;
 - Certificate of Insurance showing General Liability of at least \$1,000,000.00 with Lower Southampton Township listed as an additional certificate holder.
 - Workers' Compensation and Employers Liability Certificate of Insurance, if applicable.
- 5) Pay annual fee -or- submit a copy of your PA HIC State Registration Certificate/Card.

FORMS MUST BE COMPLETE & NOTARIZED *(where applicable)* **PRIOR TO SUBMISSION**

PLEASE NOTE: In the event a permit(s) are not applied for and are forced to obtain one, an administrative penalty will be applied DOUBLING permit fees.

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

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Fee:

LSTWP Registration No:

APPLICATION FOR CONTRACTOR REGISTRATION

Liability Insurance Expiration Date _____

PA HIC License # _____

Worker's Compensation Expiration Date _____

Expiration date _____

PLEASE NOTE: An application **MUST** be completed for **EACH TYPE** of contractor registration submitted.
Applicable fees will be charged accordingly.

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

NAME OF BUSINESS _____
PLEASE PRINT

APPLICANT NAME _____
PLEASE PRINT

E-MAIL _____ PHONE # _____

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 & 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 _____ DATE _____
PLEASE PRINT

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

Complete Section B

☐

No

Complete section C (NOTARIZATION REQUIRED)

IF APPLICANT IS A CONTRACTOR THAT **CARRIES** WORKERS' COMPENSATION INSURANCE:
COMPLETE THIS SECTION

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 _____

IF APPLICANT IS A CONTRACTOR CLAIMING **EXEMPTION** FROM WORKERS' COMPENSATION INSURANCE:
COMPLETE THIS SECTION AND HAVE NOTARIZED

C. Exemption

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 applicant _____

Address _____

(Signature of Notary Public)

My commission expires: _____

(Seal)

County of _____

Municipality of _____