



LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue - Feasterville, PA 19053
(215) 357-7300 - (215) 494-2965 fax
e-mail: permits@lstwp.org

CONTRACTOR REGISTRATION APPLICATION INSTRUCTIONS

Annual Registration – Calendar Year (January 1 thru December 31)
ALL CONTRACTORS MUST BE REGISTERED ANNUALLY
prior to performing any work in Lower Southampton Township.

All applications **MUST** be complete / notarized* and include all supporting documentation for acceptance of submission!

- 1) **All Contractors** must complete the attached contractor registration application.
 - **Complete** applicant, business and background information sections and sign applicant's certification.
 - **Carriers** of Workers' Compensation Insurance: need to complete section A
 - **Exempt** from Workers' Compensation Insurance: need to complete section B and have notarized*
- 2) **All Contractors** must attach a copy of your (COI) Certificate of Insurance
 - Certificate of Insurance showing General Liability of at least \$1,000,000.00.
 - List Lower Southampton Township as an additional certificate holder.
 - Workers' Compensation and Employers Liability Certificate of Insurance. (*carriers only*)
- 3) Contractors: **Residential Work Only**
 - Attach a copy of your PA Home Improvement Contractors (HIC) State Registration Certificate/Card.
 - No application fee for residential work upon submission of completed Contractors Registration App., Valid Certificate of Insurance and Valid PA HIC (*Home Improvement Contractors*) License.
- 4) Contractors: **Commercial Only or Commercial & Residential Work**
 - Submit application fee of \$100.00
 - Sign \$150.00

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.

Please Be Advised: In the event a permit(s) is 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



Lower Southampton Township

Bucks County, Pennsylvania
1500 Desire Avenue – Feasterville, PA 19053
Phone: (215) 357-7300 – E-Mail: permits@lstwp.org

****OFFICE USE ONLY****

Date Received: _____

Fee: _____ Reg No.: _____

ANNUAL CONTRACTOR REGISTRATION APPLICATION

I. APPLICANT INFORMATION (Each line item **MUST** be completed)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone No.: _____

II. BUSINESS INFORMATION (Each line item **MUST** be completed)

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

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

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone No.: _____

III. LIABILITY INSURANCE INFORMATION (Each line item **MUST** be completed)

Policy No.: _____

Expiration Date: _____

HIC INFORMATION

License No.: **PA**

Expiration Date: _____

IV. BACKGROUND INFORMATION (Each line item **MUST** be completed)

Has any municipality refused to issue you or revoked any similar contractor's 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 proceedings.*

V. APPLICANT'S CERTIFICATION (Signature **REQUIRED**)

*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: _____ **Date:** _____

A. WORKERS' COMPENSATION INSURANCE COVERAGE (Each line item **MUST** be completed if applicant **CARRIES** Worker's Comp.)

Complete this section if applicant is a contractor that **CARRIES** Workers' Compensation Insurance:

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No.: _____ Expiration Date: _____

B. WORKERS' COMPENSATION INSURANCE EXEMPTION (Each line item **MUST** be completed & notarized if applicant is **EXEMPT** from Worker's Comp.)

Complete this section if applicant is a contractor claiming **EXEMPTION** from Workers' Compensation Insurance:
[] Contractor with No Employees* [] Religious exemption under Workers' Compensation Law

*Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor proves proof of insurance to Lower Southampton Township.

Notarization Required for Exemption

The undersigned swears or affirms that they claiming exemption and are NOT required to provide workers' compensation insurance under the provision of Pennsylvania Workers' Compensation Law for one above indicated reasons.

Signature of Applicant

Address: _____

County of: _____

Municipality of: _____

Subscribed and sworn to before me this

_____ day of _____ 20____

Signature of Notary Public

My commission expires: _____
(Seal)