

Contractor License Application

Abington Township, PA



1176 Old York Road, Abington PA 19001, FAX:2158848271, PHONE:2675361000

Please note the following:

1. The form must be filled out completely or it will be returned. This will delay processing and no permits will be issued until validation of registration.
2. A current certificate of insurance must accompany the registration application.

It may be mailed in ahead of time, it can be faxed at 215-884-8271, it can be attached to this application.

Failure to submit a current certificate of insurance with Abington Township named as certificate holder will result in the return of the registration application.

The proper fee must be enclosed with a check or money order made payable to the Township of Abington.

\$75.00 for a first time registration in Abington Township.

\$75.00 for a renewal after February 1st of a calendar year.

\$50.00 for a renewal before February 1st of a calendar year.

If you are not sure if your application is a renewal, please call. We will be glad to tell you!

Failure to do any or all of the above will result in the application being returned and any submitted permits revoked or denies.

License Information

Business Name

Business Address

Number of Vehicles Used for Business:

Phone #

Fax #

Type of Work your business performs:

List ALL Names and Titles of Owners, Partners, Directors and Officers of the firm (Name, Title):

In the last two years has any other municipality refused to issue or revoked a Contractor's License or Registration?

If YES, what was the reason for that action?

A prior refusal or rejection in another municipality does not constitute a refusal in Abington Township.

List all other municipalities in which your company is licensed:

No contractor's registration shall be issued unless the applicant files a Certificate of Insurance at the time of application. Insurance must be maintained for public liability, bodily injury, property damage, product liability, and completed operations. Each of which must have a single occurrence limit of at least one hundred thousand dollars (\$100,000).

The Certificate of Insurance must name Abington Township as the certificate holder.

It may be submitted at the time of application or fax at the time of application.

Printed name of applicant: _____

Signature of applicant: _____

TURN OVER

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Workers' Compensation Insurance Coverage Information

The Applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law (Y/N)

If the answer is yes, complete the below sections as appropriate

Insurance Information

Name of applicant _____

Federal or State Employee Identification No. _____

Applicant is a qualified self-insurer of workers' compensation.

Certificate attached

Name of Worker's Compensation Insurer. _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

Exemption

Complete this section if the applicant is a contractor exempt from providing Worker's Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Workers' Compensation law for one of the following reasons as indicated.

Contractor within 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 Worker's Compensation Law.

Notice to Contractors:

When making application for permits where the permit fee is calculated by the cost of the job, a copy of the "work contract" must be submitted with the permit application.

As with all permit applications, if this information is not available at the time the application is submitted, you will be asked to return at a later time to complete the process.

Lawrence T. Matteo, Jr.
Director of Code Enforcement