

# Contractor



# License

Upper Darby Township Licenses and Inspection Contractor License Application  
 100 Garrett Road Room 109 Upper Darby, PA 19082 www.upperdarby.org (610) 734-7613

A certificate of insurance with a minimum liability policy of 500K per occurrence must be faxed to us at (610)-734-7638 listing Upper Darby Township as a certificate holder in order to complete this application.

Business Name									
Address		City	State & Zip						
Office Phone		Cell							
E-Mail		Fax							
What type of contractor	General	Cement	HVAC	Roofing/Siding	Plumbing	Electric	Landscaping	Sign	
	Painting	Fire Protection	Environmental	Paving	Demolition	Pool	Fencing	Doors/Windows	Remodeling

**PLEASE CIRCLE ONLY ONE THAT BEST DESCRIBES YOUR BUSINESS.**

How many employees do you have \_\_\_\_\_ If you have employees you must provide the Township with a copy of your workers compensation policy. If the answer to this question is 0, then by signing this application you certify that you are an individual contractor, partnership or corp. with no employees, and if any employees are hired you will at that time provide the Township with proof of workers compensation.

Owner or CEO Name		Phone #	
Home Address		City	State & Zip

Master Plumber		Phone #	
Home Address		City	State & Zip

# of Apprentices or Journeymen \_\_\_\_\_

First time registrants must provide photo ID and proof of passing an approved trade proficiency test

Master Electrician		Phone #	
Home Address		City	State & Zip

# of Apprentices or Journeymen \_\_\_\_\_

First time registrants must provide photo ID and proof of passing an approved trade proficiency test

Fee Schedule	Residential Company Registration	\$0 but provide state license #	PA
	Commercial Company Registration	\$100	
	Master Electrician or Plumber	\$50	
	Apprentice or Journeyman	\$15	

**FEES WILL BE DOUBLED IF YOU ARE CAUGHT WORKING OR SOLICITING WITHOUT A VALID LICENSE!**  
 You will also be required to apply for the mercantile /business privilege license from the tax department in room 102.

Signature	Date
Print Name	

Total Fee	License Code	Number
	License Code	Number