## CONTRACTOR



## **LICENSE**

Applications can be emailed to LI@upperdarby.org and paid online at www.upperdarby.org/codepay or mailed to 100 Garrett Road Room 109 Upper Darby, PA 19082 www.upperdarby.org (610) 734-7613

A certificate of insurance showing Upper Darby as the certificate holder with a minimum liability policy of 500K per occurrence must be sent to us at LI@upperdarby.org or mailed to 100 Garrett Rd, Room 109, Upper Darby, PA 19082

<b>Business Name</b>									
Address					City			State & Zip	
Office Phone					Cell				
E-Mail					Fax				
What type of contractor General			Cement	HVAC	Roofing	/Siding P	lumbing Electric	Landscap	ing Sign
J	Protection	Environ		U	emolition		encing Doors/W	indows Re	modeling
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 provide the Township with proof of workers compensation.									
Owner or CEO Name						Phone #			
Home Address					City			State & Zip	
Master Plumber						T	Phone #		
Home Address					City			State & Zip	
# of Apprentices or Journeymen									
First time registr	ants must	provide pl	noto ID and	proof of pass	sing an a	pproved trad	de proficiency test		
Master Electrician							Phone #		
							I Hone #		
Home Address					City			State & Zip	
# of Apprentices									
First time registr	ants must	provide pl	noto ID and	proof of pass	sing an a	pproved trac	de proficiency test		
Fee Schedule			y Registrati		\$0 but	provide state	license #	PA	
			ny Registrat	ion	\$150				
	Master Ele				\$100				
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Signature						Date			
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Print Name									
Total Fee			License Co	de		Number			
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