



## ***CONTRACTORS LICENSE (and RENEWAL)***

**License & Inspection Dept. Fax #215-750-3817**

*Effective December 15, 2006*

**TO ALL CONTRACTORS:**

**Township Ordinance #91-30, Chapter 13, Part 6, Section 601-615 Township Contractor Licensing, requires that all contractors obtain an annual license from the Township.** Your contractor's license or license renewal will not be issued until the items listed below have been satisfied. Middletown Township's license requirements are on a calendar year basis (from beginning to year end) and will expire at the end of this year. You may begin applying on or after December 15 for the following year. **If you are working without a license in Middletown Township, fines of \$1,000.00 per day will apply.**

In order to obtain such license, you must:

- 1) Complete the attached application form.
- 2) A Certificate of Insurance must be submitted showing Products Liability, Completed Operations and Worker's Compensation, each of which must have a single occurrence limit of at least One Hundred Thousand Dollars (\$100,000.00). **The Certificate must list Middletown Township as the certificate holder with an authorized signature and must contain a provision that your policy will not be cancelled without fifteen(15) days notice to Middletown Township.** A new, current certificate of insurance is required with all applications and renewals. Previous year certificates cannot be re-used.
- 3) Pay the annual license fee of **\$125.00.**
- 4) Complete the attached Worker's Compensation form. Please complete Section B if you carry Worker's Compensation. If you **do not** carry Worker's Compensation, complete Section C and have this form notarized. Effective August 31, 1993, PA Act 44 requires all contractors applying for license or permits to provide proof of Worker's Compensation insurance or an affidavit stating that they are not required to carry such insurance.
- 5) If you have not applied for a permit and you are forced to obtain one, **permit fees will double.**
- 6) Re-roofing, siding, and future patio slabs do require a permit.
- 7) Please be advised that Middletown Township is **now using the 2006 International Building Code.**

If you have any questions regarding the above, please call the License & Inspection Dept. at (215) 750-3800 x110.

Thank you for your cooperation.



For Year: 2\_\_\_\_\_

3 Municipal Way  
Langhorne PA 19047

Phone #215-750-3800  
Fax #215-750-3817  
[www.middleowntwpbucks.org](http://www.middleowntwpbucks.org)

**APPLICATION FOR CONTRACTOR'S LICENSE**

Liability Insurance Expiration Date \_\_\_\_\_

License # \_\_\_\_\_

Workers Compensation Expiration Date \_\_\_\_\_

License Fee \$125.00

GENERAL

ELECTRICAL

MECHANICAL

NAME OF BUSINESS \_\_\_\_\_ APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

(PLEASE PRINT)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**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 crimes or 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 AND 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 \_\_\_\_\_ TITLE \_\_\_\_\_

**PPA MASTER TECHNICIAN** ó Pennsylvania Petroleum Association Certificate, valid for Levittown style home, water boiler, potable water connection. Must be included with application.

NAME \_\_\_\_\_ REGISTRATION # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

NAME \_\_\_\_\_ REGISTRATION # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_



For Year 2 \_\_\_\_\_

**WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION**

A) The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law: ( ) YES ( ) NO

**IF THE ANSWER IS YES, COMPLETE SECTION B OR C BELOW AS IS APPROPRIATE**

**B) IF YOU CARRY WORKER'S COMPENSATION INSURANCE, COMPLETE BELOW IN FULL:**

**Worker's Compensation Insurance Information:**

Name of applicant/firm \_\_\_\_\_

Federal or State Employer Identification # \_\_\_\_\_

Applicant is a qualified self-insurer for worker's compensation:

( ) Certificate of Insurance attached ( ) Certificate of Insurance still currently on file ( ) Certificate of Insurance to be provided

Name of Worker's Compensation Insurer \_\_\_\_\_

Worker's Compensation Insurance Policy # \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

**I UNDERSTAND THAT IT IS MY DUTY TO INFORM MY INSURER THAT MIDDLETOWN TOWNSHIP MUST BE NOTIFIED IF MY WORKERS' COMPENSATION INSURANCE IS CANCELLED.**

Name of Business \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**C) COMPLETE BELOW IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION 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 provision of the Pennsylvania Worker's 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 Middletown Township.

( ) Religious exemption under the Worker's Compensation Law.

NAME OF FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
**(SIGNATURE OF NOTARY PUBLIC)**

MY COMMISSION EXPIRES \_\_\_\_\_

**(NOTARY SEAL)**

SUBSCRIBED & SWORN BEFORE ME:

DATE: \_\_\_\_\_