

December 15, 2004

**Business Hours M-F 8:30am-4:30pm  
License & Inspection Dept Fax #215-750-3817**

To Whom It May Concern:

This is to inform you that the 2005 Master Plumbers' License fees for Master, Journeyman & Apprentice plumbers are now being taken. To avoid any fines in the future, please make sure you and your workers have a current license. **If you are working without a license in Middletown Township, fines of \$1,000.00 per day will apply. If you have not applied for a permit and you are forced to obtain one, permit fees will double.**

Please fill in the enclosed License Application and the attached Worker's Compensation form completely signed and return to this office. Please complete Section B if you carry Worker's Compensation insurance. **If you do not**, complete Section C and have it notarized. Please make sure you submit a copy of the Worker's Compensation form each time a permit is applied for. The fee for Master Plumber is \$125.00, Journeyman is \$55.00 and Apprentice is \$50.00. You also need to submit a Certificate of Insurance with an authorized signature showing all Products Liability, Completed Operations and Worker's Compensation, each of which must have a single occurrence limit of at least \$100,000.00 (or an affidavit stating that you are not required to carry such insurance). Please note that the Master Plumber's name must be shown on the Certificate of Insurance along with Middletown Township's full name and address as Certificate Holder. If you do not have an RCC#, you must supply us with a copy of a valid plumber's license from another jurisdiction and your license is only valid for three months from payment date and this will be a temporary plumber's license. You must renew again every three months from date of issuance in order for your license to be valid in Middletown Township for an additional \$100.00 fee. When these items have been received, your license will be issued and mailed to you.

Please notify the License & Inspection Dept. (215) 750-3800 x110 thru 114 for the rough and final inspections. If you fail to comply with these requirements, it will be necessary for the Township to enforce the penalty clause of the applicable Ordinance. **Failure to obtain the necessary inspections will void the permit application.**

Please be advised that we are now using the **2003 International Plumbing Code** which has been adopted into the Middletown Township Ordinance with some exceptions, one being case iron sewers.

Very truly yours,

James E. Peet  
Plumbing Inspector/  
Building Director  
(Extension #119)

JEP:bp  
Enclosures

**2005**  
**MASTER PLUMBER'S LICENSE APPLICATION**

**MASTER PLUMBER FEE \$125.00**

**JOURNEYMAN FEE \$55.00**

**APPRENTICE FEE \$50.00**

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

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

Worker's Compensation Expiration Date \_\_\_\_\_

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

Temporary License Issue Date \_\_\_\_\_

Temp License Expiration Date \_\_\_\_\_

**PLEASE COMPLETE IN FULL:**

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

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

RCC # \_\_\_\_\_ If you have no RCC#, have you signed up for the RCC Test? ( ) Yes ( ) No For What Date? \_\_\_\_\_

\*Other Jurisdiction License # (Philadelphia, New Jersey, Doylestown, Abington, etc.)\* License # \_\_\_\_\_

**\*\*\*YOU MUST SUPPLY A COPY OF THIS LICENSE ALONG WITH YOUR APPLICATION\*\*\***

JOURNEYMEN'S NAME \_\_\_\_\_ RCC# \_\_\_\_\_

\_\_\_\_\_ RCC# \_\_\_\_\_

\_\_\_\_\_ RCC# \_\_\_\_\_

APPRENTICE NAME \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF LIABILITY INSURANCE MUST BE INCLUDED WITH YOUR APPLICATION. THE MASTER PLUMBER'S NAME MUST BE SHOWN ON THE CERTIFICATE AS WELL AS MIDDLETOWN TOWNSHIP'S FULL NAME & ADDRESS AS CERTIFICATE HOLDER.**

*I certify that I am the owner of the business known as \_\_\_\_\_ (or a duly authorized representative of a corporation) with an established place of business and that I will be legally responsible that all plumbing work performed under my supervision will comply with all laws, ordinances, rules and regulations governing same.*

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

**IF YOU DO NOT HAVE AN RCC#, PLEASE SUPPLY US WITH A COPY OF YOUR MASTER PLUMBER'S LICENSE YOU HAVE WITH ANOTHER JURISDICTION. YOUR MIDDLETOWN TOWNSHIP LICENSE WILL BE GOOD FOR THREE MONTHS FROM DATE OF ISSUANCE AND IN ORDER TO KEEP YOUR LICENSE ACTIVE, YOU NEED TO SUBMIT PAYMENT OF \$100.00 EVERY THREE MONTHS THEREAFTER.**

# 2005

## 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**

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**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 \_\_\_\_\_

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**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 Workers' Compensation Insurance under the provision of the Pennsylvania Workers' 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 Workers' Compensation Law.

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

ADDRESS \_\_\_\_\_

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

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

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

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

**(NOTARY SEAL)**

SUBSCRIBED & SWORN BEFORE ME:

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