

**BOROUGH OF EDDYSTONE**

**APPLICATION FOR CONTRACTOR'S REGISTRATION/LICENSE**

1300 EAST 12TH STREET, EDDYSTONE, PA 19022 PHONE (610) 874-1100 FAX (610) 874-1605

**LICENSE FEE is \$75.00 (Make checks payable to the Borough of Eddystone)**

COMPLETE ALL FIELDS ON THIS APPLICATION FORM (PRINT LEGIBLY); ALSO PROVIDE NOTARIZED SIGNATURE AND VALID CERTIFICATE OF INSURANCE. CONTRACTOR'S LICENSE SHALL BE VALID FROM THE DATE OF ISSUANCE TO THE END OF THE CALENDAR YEAR. LICENSE APPLICATION AND WORK PERMIT APPLICATIONS MUST BE APPROVED PRIOR TO STARTING ANY WORK. **INFORMATION** - WORK PERMIT FEE'S ARE \$30 PER EVERY \$1000 OF PROJECT L&M COSTS, UP TO \$50,000. ABOVE \$50,000 THE FEE IS \$15 PER EVERY \$1000 OF PROJECT L&M COSTS. AMENDED AND APPROVED BY ORD. No. 546 ON 10/12/1990.

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S TITLE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**CONTRACTOR CLASSIFICATION (CIRCLE APPLICABLE DISCIPLINES)**

GENERAL ELECTRICAL PLUMBING HVAC FIRE (SPRINKLER) ROOFING/SIDING

OTHER \_\_\_\_\_

**BUSINESS TYPE (CIRCLE ONE)** INDIVIDUAL, PARTNERSHIP, CORP, INC, LLC

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

BUSINESS ADDRESS \_\_\_\_\_

FED TAX ID # \_\_\_\_\_ OR SOCIAL SECURITY # \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CELL # \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ PREVIOUSLY LICENSED IN EDDYSTONE (Y/N): \_\_\_\_\_ YEAR \_\_\_\_\_

OTHER MUNICIPALITY LICENSES \_\_\_\_\_

(For Plumbing, Provide Delaware County Municipal Plumbers Council - DCMPC ID #)

**REQUIRED IS A COPY OF CONTRACTOR'S CERTIFICATE OF INSURANCE WITH THE BOROUGH NAMED AS A CERTIFICATE HOLDER.**

**GENERAL LIABILITY AND WORKER'S COMPENSATION INFORMATION:** (Contractors **without** employees performing work may claim exemption by stating EXEMPT - NO EMPLOYEES below and signing in presents of Notary)

GL & WC Insurers name, Insurers address, Policy #, Policy expiration date

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

**SEAL**

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

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Do not write in this area. (To be approved by Eddystone Appropriate Agent)

SIGNATURE OF APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_