

**Borough of Tullytown  
Department of Building, Planning & Development**

500 Main Street, Tullytown, PA 19007

Phone (215)945-1560

Fax (215)945-4522

Contractor's Registration # \_\_\_\_\_

Receipt # \_\_\_\_\_

**APPLICATION FOR CONTRACTOR'S REGISTRATION**

(Please print or type all information or the application will not be accepted)

**CONTRACTOR/BUSINESS INFORMATION**

CONTRACTOR/BUSINESS NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

FEDERAL TAX #: \_\_\_\_\_ MASTER PLUMBING LC#: \_\_\_\_\_

**OFFICE USE ONLY**

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT VISA/MC INITIALS \_\_\_\_\_

**IMPORTANT: REQUIRED FEE MUST ACCOMPANY EACH APPLICATION (\$100.00). DO NOT SEND CASH, MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO "BOROUGH OF TULLYTOWN".**

**A CERTIFICATION OF INSURANCE FOR GENERAL LIABILITY AND WORKERS' COMPENSATION, LISTING BOROUGH OF TULLYTOWN, 500 MAIN STREET, TULLYTOWN, PA 19007 AS THE CERTIFICATE HOLDER, MUST ACCOMPANY THIS APPLICATION.**

INSURANCE CERTIFICATE SUBMITTED YES \_\_\_\_\_ NO \_\_\_\_\_

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

CONTRACTOR'S REGISTRATION VALID FOR CALENDAR YEAR (JANUARY-DECEMBER)

DATE PAID: \_\_\_\_\_ DATE CARD ISSUED: \_\_\_\_\_

I hereby acknowledge that I have read this application and that the information given is correct, and I am the owner, or duly authorized to act in the owner's behalf and hereby agree to comply with the applicable Borough Codes.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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

Workers' Compensation Insurance Coverage Information  
(Attach to building permit application)

**A. The Applicant Is**

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes  No

If answer is "YES" complete section B

If answer is "NO" complete section B, Name of Applicant & Federal/State ID # and Section C below as appropriate

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**B. Insurance Information**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification Number: \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation  Certification attached

Name of Workers' Compensation Insurer: \_\_\_\_\_

Workers' Compensation Insurance Policy Number: \_\_\_\_\_

Certification attached      Policy Expiration Date: \_\_\_\_\_

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**C. Exemption**

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania'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 the Borough.

Religious exemption under the Workers' Compensation Law

Signature of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_