



LIMERICK TOWNSHIP

CODE SERVICES DEPARTMENT

646 WEST RIDGE PIKE
LIMERICK, PENNSYLVANIA 19468

ADMINISTRATION OFFICES

PHONE: (610) 495-6432

FAX: (610) 495-0952

EMERGENCY: 911

www.limerickpa.org

ROBERT F. LOEPER, JR.
DIRECTOR OF CODE SERVICES

CONTRACTOR REGISTRATION APPLICATION:

COMMERCIAL/RESIDENTIAL NEW HOME

FEE: \$80.00

1. REGISTRATION INFORMATION:

Registration #:	Year:
<input type="checkbox"/> General Contractor/Other	<input type="checkbox"/> Electrical Contractor
<input type="checkbox"/> Plumbing Contractor	<input type="checkbox"/> Mechanical/HVAC Contractor
<input type="checkbox"/> Fire Sprinkler/Suppression Contractor	<input type="checkbox"/> Fire Alarm Contractor

2. CONTRACTOR INFORMATION:

Firm or Company Name:					
Website:				Email:	
Phone #:			Fax #:		
Business Address:	Street & Suite #	Street Name	City	State/Zip	
Owner:	First and Last			Phone:	
Owner Address:	Street & Suite #	Street Name	City	State/Zip	

3. WORKERS COMPENSATION INFORMATION:

Federal Employer Identification Number (EIN):	
Insurance Policy Number:	
Worker's Compensation Policy Number:	
<input type="checkbox"/> Proof of Insurance Provided	
<input type="checkbox"/> Contractor with no employees	
<input type="checkbox"/> Religious Exemption	
<input type="checkbox"/> Homeowner doing own work	

4. CERTIFICATION:

The applicant hereby certifies that to the best of their knowledge, all information supplied with this application is accurate and correct. The applicant also certifies that the content of the certificate of Workers Compensation Insurance or Affidavit is still in effect with no changes in coverage.

The applicant understands that any falsification of information or an incomplete application may be considered reason to deny or reject the application and that the false statements herein are made subject to the penalties of PA Cons. Stat. 4904 relating to un-sworn falsification to authorities.

Signature of Applicant

Date

Title