



Date _____

CONTRACTOR REGISTRATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156 Email: permits@willistown.pa.us

Type of Construction:

Please choose one: Commercial Residential

Please choose one: Electrical Fire Protection General Building Mechanical Plumbing PA

HIC# _____ PA HIC# Expiration Date _____

ICC Certification # _____

CERTIFICATE OF INSURANCE REQUIRED WITH APPLICATION

1. Current Certificate of Insurance with \$1,000,000 minimum/\$2,000,000 aggregate each occurrence on the general liability and a thirty (30) day cancellation notice. Willistown Township must be listed as the "Certificate Holder."
2. A **\$75 registration fee** is required for ALL commercial jobs and/or contractors without a PA HIC# doing home improvement. New residential construction/additions are not considered home improvement, and the \$75 is required to be paid. This fee **cannot** be paid by credit card, please mail a check to the address listed above. Registration is valid for ONE calendar year.

Contractor Information:

Business Name _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Email _____

Print Name of Contractor _____ Cell Phone _____

Contractor Signature _____

Please do NOT write below this line

Building Code Official _____ Date _____

Approved _____ Reason for Disapproval _____



WILLISTOWN TOWNSHIP
688 Sugartown Road, Malvern PA 19355
Phone: 610-647-5300 www.willistown.pa.us

**AFFIDAVIT OF EXEMPTION FROM
WORKERS' COMPENSATION INSURANCE COVERAGE**
(In compliance with the Pennsylvania Workers' Compensation Act)

**Form only needs to be filled out if contractor does not have
Worker's Compensation through insurance carrier.**

THE APPLICANT IS:

- Contractor without employees, as defined in the Workers' Compensation Act
- Contractor with employees, all of whom are exempt on religious grounds under Section 304.2 of the WC Act

Name of Applicant: _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Employer I.D. No.: _____

- All Subcontractors working on this project must provide their own worker's compensation coverage.
- The applicant may not employ any individual to perform work on this project pursuant to the permit in violation of the Workers' Compensation Act.
- Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

The above statements are true and correct.

Applicant Signature

Name(Please Print)

Date

Commonwealth of Pennsylvania County of _____

Subscribed and sworn to before me this _____

Day of _____

20____

Signature of Notary Public