

# TOWNSHIP OF MARPLE

227 S. Sproul Road  
Broomall, PA 19008  
(610) 356-4040  
Fax (610) 356-8751

## APPLICATION FOR CONTRACTOR'S LICENSE

**PURSUANT TO ORDINANCE #118-6 I (WE) HEREBY APPLY FOR A CONTRACTOR'S LICENSE  
IN THE TOWNSHIP OF MARPLE AND I (WE) SUBMIT THE FOLLOWING STATEMENT.**

### TYPE OF LICENSE (CHECK ALL THAT APPLY) FEE OF \$200 (PER TRADE)

GENERAL\_\_\_ ELECTRICAL\_\_\_ PLUMBING\_\_\_ HEAT/AIR\_\_\_ SPRINKLER\_\_\_ ALARMS\_\_\_ OTHER\_\_\_\_\_

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

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

PHONE: \_\_\_\_\_

OTHER REGISTRATIONS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGNATURE OF CONTRACTOR: \_\_\_\_\_

TYPE OF BUSINESS: INDIVIDUAL PROPRIETORSHIP\_\_\_ PARTNERSHIP\_\_\_ CORPORATION\_\_\_

### FOR PLUMBING LICENSING

JOURNEYMAN FEE: \$15.00

APPRENTICE FEE: \$5.00

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

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

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

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

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

### WORKERS COMPENSATION/LIABILITY INSURANCE COVERAGE INFORMATION

**A. THE APPLICANT FOR THE PERMIT, IN COMPLIANCE WITH PA ACT 44 OF 1993, WORKERS COMPENSATION ACT, HEREBY SUBMITS  
(CHECK APPROPRIATE BOX/BOXES)**

\_\_\_ CERTIFICATE OF INSURANCE (PLEASE ATTACH CERTIFICATE WITH TOWNSHIP NAMED AS A CERTIFICATE HOLDER)

\_\_\_ CERTIFICATE OF SELF INSURANCE (PLEASE ATTACH CERTIFICATE WITH TOWNSHIP NAMED AS A CERTIFICATE HOLDER)

\_\_\_ AFFIDAVIT OF EXEMPTION FROM PROVIDING WORKERS' COMPENSATION INSURANCE

**B. INSURANCE INFORMATION**

FEDERAL OR STATE EMPLOYER ID NO. \_\_\_\_\_

NAME OF INSURER \_\_\_\_\_

WORKERS COMPENSATION POLICY NO. AND EXPIRATION DATE \_\_\_\_\_

LIABILITY INSURANCE POLICY NO. AND EXPIRATION DATE \_\_\_\_\_

**C. IF AN EXEMPTION IS BEING CLAIMED IN SECTION A, PLEASE COMPLETE THE FOLLOWING AND SIGN IN PRESENCE OF A NOTARY PUBLIC**

\_\_\_ CONTRACTOR/SOLE PROPRIETOR WITHOUT EMPLOYEES (CONTRACTOR PROHIBITED FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK  
PURSUANT TO THIS PERMIT WITHOUT PROVIDING PROOF OF WORKERS' COMPENSATION INSURANCE TO THE TOWNSHIP)

\_\_\_ RELIGIOUS EXEMPTION UNDER SECTION 304.2 OF THE WORKERS' COMPENSATION ACT (ACT 44)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_.

(SIGNATURE OF NOTARY PUBLIC)

MY SIGNATURE ON BEHALF OF OR AS THE CONTRACTOR/APPLICANT CONSTITUTES MY

VERIFICATION THAT THE STATEMENTS CONTAINED HERE ARE TRUE, AND THAT I AM SUBJECT TO  
THE PENALTY OF 18 PA C.S.A. 4904 RELATING TO UNSWORN FALSIFICATIONS TO  
AUTHORITIES.

SIGNATURE \_\_\_\_\_