

Renewal of Contractors License

TO ALL CONTRACTORS: Township Ordinance #91-30, Chapter 13, Part 6, Section 601-615 Township Contractor Licensing requires that all contractors obtain an annual license from the Township for commercial & new construction. **Residential work requires a current Pennsylvania State registration along with proof of worker's compensation insurance.** Your contractor's license will not be issued until the items mentioned below have been satisfied. Middletown Township's license requirements are on a calendar year basis (from beginning to year end). You may begin applying on or after December 15 for the following year. If you are working without a license in Middletown Township, fines of \$1,000.00 per day will apply.

In order to obtain such license, you must:

- Complete the attached application form
- A Certificate of Insurance must be submitted showing Products Liability, Completed Operations & Worker's Compensation, each of which must have a single occurrence limit of at least \$100,000.00. **The Certificate must list Middletown Township as the certificate holder with an authorized signature and must contain a provision that your policy will not be cancelled without fifteen (15) days notice to Middletown Township.** If you are applying for the current year's contractor license and your Certificate of Insurance was submitted with your previous year's application, an additional certificate is required with your current application as the prior year's certificate must remain with that application.
- Pay the annual license fee of \$150.00
- Complete the attached Worker's Compensation form. Please complete Section B if you carry worker's compensation liability insurance. If you do not carry worker's compensation, complete Section C and have this form notarized. Effective August 31, 1993, PA Act 44 requires all contractors applying for license or permits to provide proof of worker's compensation insurance or an affidavit stating that they are not required to carry such insurance.
- If you have **not** applied for a permit and you are forced to obtain one, permit fees will double
- Roofing, siding, patios, driveway expansion/material change resurfacing requires a permit.
- Please be advised that Middletown Township is now using the 2009 International Plumbing Code which has been adopted into the Middletown Township Ordinance with some exceptions, one being cast iron sewers.

www.middletowntwpbucks.org

APPLICATION FOR A 2026 CONTRACTOR'S LICENSE

Liability Insurance Expiration Date _____

License # _____

Worker's Compensation Expiration Date _____

License Fee **\$150.00**

() **GENERAL** () **ELECTRICAL** () **MECHANICAL** () **ALARM** () **CHIMNEY SWEEP**

NAME OF BUSINESS _____ APPLICANT NAME _____

(PLEASE PRINT)

ADDRESS _____ PHONE # _____ FAX # _____

CITY _____ STATE _____ ZIP _____

BACKGROUND INFORMATION

Has any municipality refused to issue to you or revoked any similar contractors' license within the past two (2) years?

() YES () NO If yes, attach written explanation of circumstances and reason for denial or revocation.

Have you been convicted within the past two (2) years of any crimes or offenses related to your work or contracts as a contractor?

() YES () NO If yes, attach written explanation of the nature of the conviction and the caption, court, and term number of proceeding.

I HEREBY CERTIFY THAT THE STATEMENT CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I KNOWINGLY MAKE ANY FALSE STATEMENT HEREIN I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

APPLICANT

SIGNATURE _____ TITLE _____

PPA MASTER TECHNICIAN – Pennsylvania Petroleum Association Certificate, valid for Levittown style home, water boiler, potable water connection. Must be included with application.

NAME _____ REGISTRATION # _____ DATE ISSUED _____

NAME _____ REGISTRATION # _____ DATE ISSUED _____

WORKER'S COMPENSATION INSURANCE COVERAGE INFORMATION

A) The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law: () YES () NO

IF THE ANSWER IS YES, COMPLETE SECTION B OR C BELOW AS IS APPROPRIATE

B) IF YOU CARRY WORKER'S COMPENSATION INSURANCE, COMPLETE BELOW IN FULL:

Worker's Compensation Insurance Information:

Name of applicant/firm _____

Federal or State Employer Identification # _____

Applicant is a qualified self-insurer for worker's compensation:

() Certificate of Insurance attached () Certificate of Insurance still currently on file () Certificate of Insurance to be provided

Name of Worker's Compensation Insurer _____

Worker's Compensation Insurance Policy # _____

Policy Expiration Date _____

I UNDERSTAND THAT IT IS MY DUTY TO INFORM MY INSURER THAT MIDDLETOWN TOWNSHIP MUST BE NOTIFIED IF MY WORKERS' COMPENSATION INSURANCE IS CANCELLED.

Name of Business _____ Authorized Signature _____

C) COMPLETE BELOW IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE:

The undersigned swears or affirms that he/she is **not** required to provide Workers' Compensation Insurance under the provision of the Pennsylvania Workers' 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 Middletown Township.

() Religious exemption under the Workers' Compensation Law.

NAME OF FIRM _____

ADDRESS _____

PHONE # _____

APPLICANT SIGNATURE _____

DATE: _____

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

(NOTARY SEAL)

SUBSCRIBED & SWORN BEFORE ME: