



**CITY OF COATESVILLE
Codes Department**

CONTRACTOR Registration

**Chapter 84-1 Contractor and Insurance Registration
Certificate**

Registration No.:

Type of Contractor:

PLEASE PRINT CLEARLY – FORM MUST BE COMPLETED

Business Name

Owner Name

Address

PA Registration # (HIC if applicable) :

REG. START:

EXPIRES:

City, State, Zip

Phone

Fax

E-Mail

Is the Applicant the Owner of the business?

Yes

No

2nd Business Address

City, State, Zip

FEES DUE (see below)

Number of Employees

**ALL CONTRACTORS MUST PROVIDE PROOF OF LIABILITY INSURANCE AND WORKMANS
COMPENSATION (for any employees) AT TIME OF FILING OF THIS FORM.
CAN BE FAXED TO 610-384-6051 IF CLAIMING AN EXEMPTION PLEASE ATTACH WORKERS
COMPENSATION ACT ADDENDUM**

Please provide payment for contractor registration in the appropriate amount as shown below:

Make checks payable to: **City of Coatesville**

1 City Hall Place

Coatesville PA 19320

Tel: 610-384-0300

Registration Fee: \$125.00

Additional \$35.00 per plumber for Any Level Plumber

Ord. 1402-2013

Note:

Contractors MUST NOT begin work unless a permit has been obtained by the owner or owner's assignee. The permit shall be properly posted at the site of the work. Violations of the Code of the City of Coatesville may result in the institution one, or both, of the following actions:

1. Summary Citation issued through the District Magistrate's office.
2. Loss of Contractors license.

Each day of continuance of a violation shall be deemed as a separate offense.

Signature of Applicant:

Date of Application:

DO NOT WRITE BELOW THIS LINE

Date Received:

License Expires: One year from issuance

Code Official:

WORKERS' COMPENSATION ACT ADDENDUM TO BUILDING PERMIT

PERMIT NO. _____

I. The applicant for the building permit, in compliance with Act 44 of 1863, hereby submits (Check One):

Certificate of Insurance (please attach)

Certificate of Self-Insurance (please attach)

Affidavit of Exemption

II. If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

Name of Insurer _____ Name of Contractor _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Federal or State EIN _____

1. This policy provides coverage for the requirements of the Workers' **Compensation** Act, the **Occupational** Disease Act, and where applicable, the Federal Longshore and Harbor Workers Compensation Act.
2. The insurer has been notified that the municipality **issuing** the **building** permit is to be named as a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contactor/policyholder will notify the municipality of any change in status, cancellation or aspiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of the permit will subject the contractor/policy holder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a Notary

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

 All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

 Other. Explain:

Name of Applicant _____ Address _____ City _____ State _____ Zip _____
Federal or State EIN _____

1. Any subcontractors used on the project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. 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.

My signature on behalf of a _____ as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalties of 18 PA. C.S.A. 4904 relating to unsworn falsifications to authorities.

Subscribed and sworn to before me this _____

Signature

Print Name

My commission expires:
