

TOWANDA BOROUGH
CODE ENFORCEMENT OFFICE
724 Main Street
Towanda, PA 18848

570-265-2696 - Office
570-265-6722 - Fax
towandaboro@comcast.net

Fee: _____

CR# _____

2024

APPLICATION FOR CONTRACTOR'S REGISTRATION / RENEWAL
HOME IMPROVEMENT / NEW HOME / COMMERCIAL CONTRACTOR

Date: _____ Phone: _____ Cell #: _____

Business Name: _____

Owner/Partners/Directors: _____

Address: _____

City: _____ State: _____ Zip: _____

PA Registration # _____ Exp Date: _____ # Years Contractor _____

E-Mail Address _____

Type of Contractor (ie: plumbing, electrician, general) _____

Do you sub-contract?: _____ If so, what type of work subcontracted? _____

1. Have you ever been refused a Registration or had a similar contractor's registration revoked or suspended within two (2) years prior to this date of application? Yes _____ No _____

If Yes EXPLAIN: _____

2. Have you ever been convicted within two (2) years prior to this application of any crimes, offenses, or violations relating to your work or contracts as a contractor? Yes _____ No _____

If Yes EXPLAIN: _____

3. Are there any unsatisfied civil judgements against you alleging that you failed to complete or improperly performed a contract? Yes _____ No _____

If Yes EXPLAIN: _____

4. Driver's License Number/State: _____

6. IF NEW APPLICANT LIST THE LAST three JOBS DONE, Property owner name and number

7. I do by certify that the information contained on this application is correct to the best of my knowledge and further agree that the information in the application shall be available for public inspection. It is understood that all contractors in the Borough of Towanda will comply with the 2009 International Codes as adopted by the Towanda Borough Council.



WORKER'S COMPENSATION AFFIDAVIT

I SOLUMLY SWEAR THAT I WILL NOT EMPLOY/HIRE ANY OTHER PERSON FOR THE PROJECT(S) FOR WHICH I WILL SEEK ANY BUILDING PERMIT(S).

After receipt of any building permit(s), if I employ any other person(s), I will notify the Code Enforcement Office and provide proof of Worker's Compensation coverage within three (3) working days.

I understand that failure to comply will result in STOP WORK ORDER and that such order may not be lifted until proper coverage is obtained, as provided by Section 302[c] [40 of the Act of June 2, 1951 (P.L. 736)] known as the Pennsylvania Workers' Compensation Act, re-enacted and amended June 21, 1939 and amended December 5 1974 and amended July 2, 1993.

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF BRADFORD**

Before me, a Notary Public, the undersigned officer, personally appeared the above signed, known to me (or satisfactorily proven) to the person(s) whose name(s) is (are) subscribed to within the instruction and acknowledge that (he, she, they) are executed the same for the purposed therein contained in witness wherof, I hereunto set my hand and official seal.

Printed Name

Signature

Sworn to and subscribed before me this

_____ day of _____

Notary Public

Commission