



UPPER CHICHESTER TOWNSHIP

License and Inspection Department
www.upperchichester.org

Phone: 610-485-5719

Fax: 610-485-3615

PHYSICAL (GPS) ADDRESS:
8500 Furey Road
Upper Chichester, PA 19014

MAILING ADDRESS:
PO Box 2187
Upper Chichester, PA 19061

CONTRACTOR REGISTRATION APPLICATION

BUSINESS INFORMATION:

| | | | |
|---|-------|-------|--|
| Business Name | Phone | Email | |
| Address (Street, City, State, Zip, Apt/Suite #) | | | |

MAILING ADDRESS:

Same as Business

| | | | | | |
|------|---------|------|-------|-----|-------------|
| Name | Address | City | State | Zip | Apt/Suite # |
|------|---------|------|-------|-----|-------------|

Type of Contractor

General Contractor
 Plumbing
 Electrical
 HVAC
 Environmental/Asbestos
 Roofing
 Carpentry
 Other _____

PA STATE LICENSE # _____

FEE: \$150.00/APPLICATION

PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE (COI) WITH UPPER CHICHESTER TOWNSHIP LISTED AS THE CERTIFICATE HOLDER. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE THE COI.

****IF YOU ARE A GENERAL CONTRACTOR WORKING WITH ONE OR MORE SUB-CONTRACTORS, YOU WILL NEED TO SUBMIT AN APPLICATION AND FEE FOR EACH SUB-CONTRACTOR AND INCLUDE EACH CONTRACTOR'S COI.****

I hereby certify that the statements contained herein are 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. We authorize you to obtain any information that you require concerning statements in this application, which shall remain the property of the Township of Upper Chichester.

Pursuant to Ordinance #456, I hereby apply for a Contractor's Registration in the Township of Upper Chichester.

Signature _____

Date: _____

Township Use Only:

FOLIO: _____

AMOUNT: _____

CHECK NUMBER _____

CASH

INITIALS _____