



Lower Salford Township

APPLICATION FOR NON-RESIDENTIAL CONTRACTOR

379 Main Street | Harleysville, PA 19438 | 215-256-8087

Please print neatly.

Firm Name: _____

Owner's Name: _____

Business Contact Person : _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Cell Phone: _____

Email: _____

CURRENT CERTIFICATES OF INSURANCE (COI) FOR BOTH GENERAL LIABILITY AND WORKERS COMPENSATION ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATION. IF CONTRACTOR IS A SOLE PROPRIETOR WITH NO EMPLOYEES, A NOTORIZED WAIVER FORM MUST BE ATTACHED IN LIEU OF A COI FOR WORKERS COMPENSATION.

The data contained hereon is, to the best of my knowledge and belief, true and complete; I hereby agree to comply with all Ordinances pertaining to this work and understand that failure to do so may result in the revocation of .

FEE: \$ 75.00

(Signature of Applicant)

(Date)

Date Approved: . _____

Building Official

Registration is valid from January 1 to December 31
Registration must be renewed each year.