



UPPER CHICHESTER TOWNSHIP

PO BOX 2187, UPPER CHICHESTER, PA 19061
PH: 610-485-5719 FAX: 610-485-8643

TOWNSHIP RECEIVED DATE

FEE: \$154.50
CHECK # _____

CONTRACTOR LICENSE APPLICATION # _____

CONTRACTOR INFORMATION

BUSINESS/AGENCY NAME	BUSINESS PHONE #	EMAIL
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BUSINESS ADDRESS:

Street	Apt#	City	State	Zip
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MAILING ADDRESS

Street	Apt#	City	State	Zip
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TYPE OF CONTRACTOR (Please Circle)

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

PA STATE LICENSE# _____

Are you working on a local project in Upper Chichester? Yes No

Where is the project located _____

What part of the project will you be completing?

REQUIREMENTS AT TIME OF SUBMISSION

- Certificate of Insurance
 - Upper Chichester Township listed as Certificate Holder
- Fee of \$154.50 Per Application
- Copy of State Licensure (If Applicable)

*** IF YOU ARE A GENERAL CONTRACTOR WORKING WITH ONE OR MORE SUB-CONTRACTORS, THE SUB-CONTRACTOR'S WILL NEED TO OBTAIN A LICNESE AS WELL. ***

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.

APPLICANT SIGNATURE:

DATE: