



CITY OF COATESVILLE  
PENNSYLVANIA

2021  
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

2<sup>nd</sup> 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: \$50.00 (\$100 for Commercial and non-state registered contractors)**

**Additional \$15.00 for Master- Plumbers**

**Also, additional \$10.00 for each Journeymen /And \$5.00 For each Apprentice.**

**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:

2021

License Expires: 12/31/2021

Code Official:

# WORKERS' COMPENSATION ACT ADDENDUM TO BUILDING PERMIT

PERMIT NO. \_\_\_\_\_

I. The applicant for the building permit, in compliance with Act 44 of 1993, 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 Worker's 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 contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder 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 public:

- 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 this 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 Workers' 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 or 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 penalty of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature Print Name  
\_\_\_\_\_  
Title Company Name

My commission expires:  
\_\_\_\_\_