



# CHALFONT BOROUGH

40 North Main Street, Chalfont, PA 18914  
Phone (215) 822-7295 Fax (215) 822-5528  
www.chalfontborough.com  
Email: info@chalfontborough.com

Boro Contractor Reg. No. \_\_\_\_\_

## CONTRACTOR / SUBCONTRACTOR REGISTRATION APPLICATION

All **New Home or Commercial Construction Contractors** are required to register with Chalfont Borough, provide a Certificate of Insurance, and pay a fifty dollar (\$50.00) application fee.

**All other Contractors, including Home Improvement and Repair**, must submit a copy of your certificate from the Commonwealth of Pennsylvania as a PA registered Home Improvement Contractor, and a Certificate of Insurance. Failure to provide this information will require a fifty dollar (\$50.00) application fee.

- **Proof of Certification with the Commonwealth of Pennsylvania** indicating compliance with the Pennsylvania Home Improvement Consumer Protection Act 132.
- **Certificate of Insurance**, indicating compliance with PA Act 44 of 1993 regarding Workers' Compensation; Liability Insurance with "Chalfont Borough" identified as "**Certificate Holder** and **Additional Insured**."

Do not mail cash, please make checks payable to "**Chalfont Borough**." The Borough also accepts credit cards (there is a small processing fee charged). **PLEASE NOTE:** Registration will expire on December 31<sup>st</sup> of the year issued.

Today's Date: \_\_\_\_\_

Pursuant to Chalfont Borough Ordinance No. 334, I/We hereby apply for Contractor/Subcontractor Registration:

### Company Information

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact's Cell: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ ☐ Individual Proprietorship ☐ Partnership ☐ Corporation

PA Home Improvement Contractor Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

I/We, hereby certify that the statements contained herein are true and correct, to the best of my/our knowledge and belief. I/We understand that if I/we knowingly make a false statement herein, I/we am/are subject to such penalties as may be prescribed by law and/or Ordinance.

I/We authorize Chalfont Borough to obtain any information that may be required for the Borough to verify statements contained within this application, all information shall remain the property of Chalfont Borough.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Registration is for IDENTIFICATION and INSURANCE PURPOSES ONLY and does not attest to the competency of the applicant.

### OFFICIAL USE ONLY

PAYMENT DATE: \_\_\_\_\_

BORO ASSIGNED PERMIT #: \_\_\_\_\_

BORO ASSIGNED CONTRACTOR #: \_\_\_\_\_

PA CONTRACTOR REGISTRATION #: \_\_\_\_\_

FEE: \$ \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_

CHECK # or TRANSACTION #: \_\_\_\_\_