

**TOWNSHIP
OF
LOWER MERION**

MONTGOMERY COUNTY



DEPARTMENT OF BUILDING AND PLANNING

75 E. Lancaster Ave.
Ardmore, PA 19003-2376
Telephone: (610) 645-6200
FAX: (610) 649-9598

**LOWER MERION TOWNSHIP
75 East Lancaster Ave
Ardmore, PA 19003**

CONTRACTOR FEES AND INSURANCE INFORMATION
CONTRACTOR FEES

COMMERCIAL GENERAL CONTRACTORS / SUB CONTRACTORS and **MECHANICAL MASTERS** must be licensed with Lower Merion Township. Contractor's licensing fees are **\$50.00**.

RESIDENTIAL GENERAL CONTRACTORS and **SUB CONTRACTORS** must be licensed with Lower Merion Township **OR** be registered with the **Pennsylvania Attorney General's office** as a Home Improvement Contractor.

RESIDENTIAL MECHANICAL MASTERS must be licensed with Lower Merion Township. **Mechanical Masters Contractor's licensing fee are \$50.00.** *When first applying for a Master Plumber's or Master Electrician's license, please include a current Master Plumber's or Master Electrician's license from another municipality. When applying for a Master HVAC license, please include a copy of a Reclaiming Refrigerant or Universal Card. If you do not hold any credentials for the applicable license, please fill out the Education & Training or Statement of Work Experience on the relevant license application*

Electrical & HVAC Journeymen fees are **\$7.00** per journeymen.

Plumbing Journeymen fees are **\$25.00** per journeymen.

Payment for a Contractor's License is due at the time of submission, either by mail or in person at the Building & Planning Department of The Township Administration Building

INSURANCE COVERAGE

Lower Merion Township requires **all** contractors to submit a **Certificate of Insurance** to Lower Merion Township.

The Certificate of Insurance must be **made out to Lower Merion Township** for **General Liability (\$300,000 each occurrence)** and **Worker's Compensation** if applicable.

If, by law, you are not required to carry Worker's Compensation insurance, you must fill out the **Worker's Compensation Addendum**.

The Certificate of Insurance can be fax to (610) 649-9598 or e-mailed to building@lowermerion.org.

Any questions, call Angela at (610) 645-6165.

TYPE:
CLASSIFICATION

APPLICATION FOR CONTRACTORS LICENSE
TOWNSHIP OF LOWER MERION
Building Regulations Division
75 East Lancaster Avenue
Ardmore, Montgomery County, PA 19003
610-645-6200

DATE:
APPLICATION FEE

BUSINESS INFORMATION

Firm Name _____

Number & Street _____ Change of Address

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Cell Phone _____ Email _____

Type of Business: Individual Proprietorship Partnership Corporation

Number of years in Business: _____ Do You have Employees? Yes No Do You have Workers Compensation Insurance? Yes No

Liability Insurance Agency _____ Agent's Phone Number _____

Federal or State Tax Identification Number: _____ PA HIC # _____

APPLICANT OR PRINCIPAL IN BUSINESS INFORMATION

Name _____ Home Address _____ Home Phone _____

Birthdate _____ Title _____ Previously Licensed Yes No Year: _____

Name _____ Home Address _____ Home Phone _____

Birthdate _____ Title _____ Previously Licensed Yes No Year: _____

Statement of Work Experience for the past 4 Years (Last job first)

Name of Employer _____ Type of Business: _____ From: _____ To: _____

Address _____ Position Held: _____

Has your license ever been revoked or suspended by L.M.T. or any other Municipality? Yes No

Have You ever traded in Lower Merion Township under a different name: Yes No Name: _____

I hereby certify that the statements 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. The content of the Certificate of Workers Compensation Insurance or Affidavit on file with Lower Merion Township is still in effect with no changes in coverage or employees.

Print Name: _____

Signature _____ Receipt# _____

Title _____ Sequence# _____

Addendum to Contractor License Application
WORKERS COMPENSATION

The applicant for the building permit, in compliance with the Act of July 2, 1993, P.L. 190, No. 44 hereby submits an Affidavit of Exemption.

Please complete the following and sign the affidavit below:

Basis for exemption (check one):

- 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. Please explain: _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

EIN _____ PA HIC # _____

1. Any subcontractors used on any 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 this 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 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 falsification to authorities.

Signature

Name (Please Print)

Title

Name of Company