

Township of Lower Chichester
1410 Market St.
Linwood, PA 19061

Phone: 610-485-2723 Fax: 610-485-1432

Contractor's Registration Form
From JAN. 1, 2025 to DEC. 31, 2025

Business Name: _____

Address: _____

Phone: _____

Fed Tax ID: _____

PA State Contractors Registration #: _____

Owner Name: _____

Please check the type of work (\$100.00 each)

Air Cond. Electric Heating Refrigeration

Plumbers * General Contractor

*Plumbers must submit Del. County Council # _____

List the Name and Address of each Journeyman (\$10.00 per)

Return this form with a check made payable to Township of Lower Chichester
An additional \$10.00 for each Journeyman.

To obtain your registration, please provide an original certificate of insurance which includes: Property damage, product liability, liability, completed operations and workmen compensation, each of which must have a single occurrence limit with a minimum of \$500,000 coverage.

I hereby certify that the statements contained herein and on any attachment submitted herewith are true and correct to the best of my knowledge and belief. I understand if I knowingly make any false statement, I am subject to such penalties as may be prescribed by law or ordinance. By using this registration to perform work or acquire any permit in this jurisdiction, I certify that I am acting as agent for the owner of the property upon which such work is to be conducted and have the authority to act in such capacity by the owner of the property.

I hereby authorize you to obtain any information that you require concerning the statements in this form, which shall remain the property of the Township of Lower Chichester.

SIGNATURE _____