

CONTRACTOR INFORMATION

Unless the property owner, himself, is performing all work, this information shall be supplied. All contractors shall be identified **prior to beginning work on any permit**. Attach insurance certificate (including Workers Compensation or notarized affidavit) for each contractor. Schuylkill Township shall be named as the certificate holder. Each contractor must provide a list of on-site employees for each permit.

General Contractor or Developer:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

Excavation Contractor:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

Concrete/Masonry Contractor:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

Framing Contractor:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

Plumbing Contractor:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

Mechanical/HVAC Contractor:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

Electrical Contractor:

Firm Name: _____ Registration No. _____
Address _____ St _____ Zip _____
Contact Person _____ Phone # _____
Insurance Carrier: _____ WCI Policy Number _____

(List all additional contractors, e.g., drywall, insulation, etc. on the back of this form)