

## 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)**