



City of Williamsport

1500 West 3rd Street · Williamsport, PA 17701
(570) 327-7500

Bureau of Codes

(570) 327-7517

Contractor Registration Form

Date: _____

Business Information

Business Name:		Employee Federal or State ID Number:	
Applicant First Name:		Applicant Last Name:	
Address:			
City:	State:	Zip:	
Phone:	Alternate Phone:	Email:	
Please check all that apply: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Tree Arborist <input type="checkbox"/> Mechanical		<input type="checkbox"/> HVAC <input type="checkbox"/> New Construction <input type="checkbox"/> Demolition <input type="checkbox"/> Other	

Insurance Information

Please check all that apply: <input type="checkbox"/> No employees <input type="checkbox"/> Employees <input type="checkbox"/> Only sub-contractors	<input type="checkbox"/> Copy of Certificate of Worker's Compensation (only if contractor has employees) <input type="checkbox"/> Copy of Certificate of Liability Insurance (only if contractor has NO employees) If checked, please attach proof of liability insurance
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Compliance Information

If the Worker's Compensation or Liability insurance policy expires, lapses, or is canceled by the end of the calendar year for which registration has been accomplished with the City, or if the applicant changes the coverage to a different policy or company, the applicant is responsible to submit a new copy of the certificate of insurance coverage to the Bureau of Codes the office/City of Williamsport.

Initials: _____

Registration fee is \$ 80.00 for one year, \$ 120.00 for two years and \$ 175.00 for three years annually (January 1 to December 31). Checks and money orders can be made payable to "The City of Williamsport".

Any registrations applied for after January 1 WILL NOT BE PRORATED.

Effective July 1, 2009, ALL contractors/plumbers who perform residential and commercial work MUST register with the State of Pennsylvania and provide a copy of your State Registration Certificate to the Bureau of Codes Office to continue to perform work in the City of Williamsport.

Any registration filed, may be suspended at any time by the Bureau of Codes for violation of the ICC, UCC, Statewide Building Code, Zoning Ordinance, Property Maintenance Code or any other ordinances and codes, including loss of insurance coverage and failure to pay the Business Privilege Tax.

Initials: _____

Any person, company, corporation or individual who shall violate the provisions of the Contractors Licensing Ordinance, shall upon conviction thereof in a summary proceeding, be fined not less than fifty (\$50.00) dollars nor more that six hundred (\$600.00) dollars and cost of prosecution for each offense. In default of payment thereof, shall undergo imprisonment in the Lycoming County Prison for a period of time not exceeding thirty (30) days. Each day or portion of day a Contractor works without having a valid registration shall be considered a separate offense.

Initials:

My signature and initials on this registration constitutes I have read the above information on this application and verifies that the statements provided herein are true and that I am subject to the penalty of 18 P.A.C.S.A 4904 relating to unsworn falsifications to authorities.

Applicant Signature:

Official Use Only

Approved by:

Zoning Administrator

Fees Due:

Registration Length	Permit Fee
1 year	\$80
2 years	\$120
3 years	\$175

Paid

Method of Payment:

- Check
 Money Order

Fees processed by: