

**ATHENS-SAYRE JOINT CODE ENFORCEMENT AGENCY
OFFICE OF CODE ENFORCEMENT**

2 South River Street
Athens, PA 18810-1702

Office 570-888-4410
Fax 570-888-8372

APPLICATION FOR CONTRACTOR'S PERMIT

Date _____ Phone Number _____ Cell Number _____

Name of Contractor or Business _____

DBA(s) _____

Name of Contact Person _____

Address _____ City, State, Zip _____

E-mail Address _____

Type of Work Performed _____

Number of Years as Contractor _____

Do You Sub Out Parts of Jobs? _____ If So, What? _____

Do you ever work on Commercial jobs? Please Circle One Yes No Commercial includes apt. houses with more than 2 units

Drivers License Number of Owner/Contact Person _____ State _____

What other Contractors Licenses/Permits do you hold? _____

Have you ever been refused a permit or had a similar Contractors Permit revoked or suspended within two years prior to the date of this application? _____ If yes, please explain: _____

Have you been convicted of any crimes, offenses or violations relating to your work or contracts as a contractor within the two years prior to the date of this application? _____ If yes, please explain _____

Are there any unsatisfied civil judgements against you alleging that you failed to complete a job or improperly performed a contract? _____ If yes, please explain _____

Please list the last three jobs done. Include property owner's name and phone number and type of work performed.

1. _____
2. _____
3. _____

**PLEASE BE SURE TO SIGN AND DATE THE BACK AND HAVE THE BOTTOM PORTION NOTARIZED BEFORE RETURNING. ALSO PLEASE BE SURE TO RETURN CURRENT INSURANCE INFORMATION WITH THIS FORM OR ARRANGE FOR YOUR INSURANCE COMPANY TO FAX THE CERTIFICATE OF LIABILITY/WC INSURANCE INFORMATION TO THIS OFFICE AT 570-888-8372.
PERMIT FEE \$100.00 (PAYABLE TO ATHENS-SAYRE CODE AGENCY).**

I do hereby certify that the information contained in this application is correct to the best of my knowledge and agree that the information in this application shall be available to the public for inspection. It is understood that all construction in the Boroughs of Athens and Sayre will comply with the International Code Council's (ICC) International Building Code 2006 (IBC 2006) as adopted by the Athens and Sayre Borough Councils.

(Date)

(Signature)

WORKER'S COMPENSATION AFFIDAVIT

(This section must be completed in the presence of a Notary Public)

(For contractors with no employees)

I, _____, DO AFFIRM THAT I WILL NOT EMPLOY/HIRE ANY OTHER PERSON(S) FOR THE PROJECT(S) FOR WHICH I AM SEEKING A CONTRACTORS PERMIT.

After receipt of the contractors permit, if I employ any other person(s), I will notify the Code Enforcement Office and provide proof of Worker's Compensation coverage within three (3) working days.

I understand that failure to comply will result in a stop work order being executed for the project I am undertaking and that such order may not be lifted until proper coverage is obtained and proof is presented, as provided by Section 302 (c) (40) of the Act of June 2, 1915 (P. L. 736) known as the Pennsylvania Workmen's Compensation Act, reenacted and amended June 21, 1939, and amended December 5, 1974, and amended July 2, 1993.

(For contractors with employees)

I, _____, DO AFFIRM THAT I DO HAVE WORKER'S COMPENSATION COVERAGE FOR THE EMPLOYEES THAT WILL BE WORKING FOR/WITH ME ON THE PROJECT(S) FOR WHICH I AM SEEKING A CONTRACTORS PERMIT. I FURTHER AFFIRM THAT I HAVE PROVIDED THE ATHENS/SAYRE JOINT CODE ENFORCEMENT OFFICE WITH A COPY OF THAT COVERAGE.

On this, the _____ day of _____, year _____, before me, a Notary Public, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she is executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Sworn to and subscribed before me this
_____ Day of _____ year _____

Notary Public

My commission expires _____

CODE ENFORCEMENT USE ONLY

Date of Issue _____

CP# _____

Issued by _____

Pymt. Method _____

Check # _____ \$ _____

Cash \$ _____