

Borough Of Athens

2 South River St.
Athens Pa. 18810
Phone 570-888-2319
Fax 570 570-882-9553

1. **ANNUAL CONTRACTOR FEES shall be set by Athens Borough Resolution number 2017-4 at \$100.00.** We accept cash, checks and money orders. Sorry, No Cards. **Checks should be made out to the Borough of Athens. Fees are not prorated during the year.**
2. **Please complete all required SIGNATURES and DATES marked with an X on selected form.**
3. **Sign in the presence of a Notary Public the Workers' Compensation Verification.**
4. **CERTIFICATES OF INSURANCE for Liability and Workers' Compensation are required at time of application.** Have Insurance companies fax certificates. **FAX 570-882-9553 or**
5. **Email: Andreaperry@athensboroughpa.org**

Copies of certificates of liability (**\$500,000/\$500,000 minimum**) and Workers' compensation insurance (if applicable) **must list Borough of Athens as the certificate holder.** Please use the following address:

Borough of Athens
2 South River St.
Athens Pa. 18810
570-888-2319

Additional Information required on DESCRIPTION portion of Certificates:

- **Companies engaged in SNOW PLOWING** as a part or all of their business must state specifically on the certificate section '**Description of Operations**' that they are covered for **snow plowing and removal.**
- **Companies engaged in ROOFING** as a part or all of their business must state and list specifically on the certificate section '**Description of Operations**' that they are covered for roofing, including any **exclusions to roofing** on the insurance certificate.
- **Please be sure to list ALL names** the person or company may be recognized under on the certificates of insurance for your own protection.
- **Contractor Year shall expire one year from the date of issuance unless the permit or insurance verification is revoked or suspended prior thereto under the terms of this article.**

**WORKERS' COMPENSATION
VERIFICATION**

**(This page must be signed in the presence of a Notary
Public with**

**current government-issued identification; cross out section that does
not apply.)**

(For contractors with no employees)

I, _____, as _____ (Title)
OF _____ (Company),

DO SWEAR OR AFFIRM THAT I AM AUTHORIZED TO ACT ON BEHALF
OF SAID
COMPANY AND THAT SAID COMPANY 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 employ any other person(s), I will notify the
Code Enforcement Office and provide proof of Workers' 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 Workers'
Compensation Act, reenacted and amended
June 21, 1939, and amended December 5, 1974, and amended July 2, 1993.

(Signature)

(For contractors with employees)

I, _____, as _____ (Title)
OF _____ (Company),

DO SWEAR OR AFFIRM THAT I AM AUTHORIZED TO ACT ON BEHALF OF SAID
COMPANY AND THAT SAID COMPANY DOES HAVE WORKERS'
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
SWEAR OR AFFIRM THAT I HAVE PROVIDED THE BOROUGH OF ATHENS WITH
A
COPY OF THAT COVERAGE.

(Signature)

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF BRADFORD

Signed and sworn or affirmed to before me on this

_____ day of _____, year _____

by _____

Notary Public

Stamp:

BOROUGH OF ATHENS USE ONLY	
DATE OF ISSUE	_____
CP #	_____
ISSUED BY	_____
PYMT. METHOD	
CHECK	# _____ \$ _____
CASH	\$ _____

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STANDARD DOCUMENT VERIFICATION FOR CONTRACTORS

FOR COMMERCIAL, RESIDENTIAL & NEW CONSTRUCTION

Date _____ Bus. Phone# _____ Cell Phone# _____

Name of Contractor _____

Doing Business As (DBA) _____

PA State Registration# _____ Register on line at: www.attorneygeneral.gov
(Home Improvement Contactors Only)

Name of Contact Person _____

Address _____ City, State ,Zip _____

E-mail _____

Type of Work Performed _____

Number of Years as Contractor _____

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

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 judgments 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# and type of work.

1. _____

2. _____

3. _____

I do hereby certify that the information contained in this Document Verification form is correct to the best of my knowledge and agree that the information in this form shall be available to the public for inspection. It is understood that all construction in the Borough of Athens will comply with the International Code Council's (ICC) International Building Code 2009 (IBC 2009) as adopted by the Athens Borough Council.

X. _____ X. _____

(Date)

(Signature)