

# HAZLE TOWNSHIP SUPERVISORS

P.O. BOX 506  
HARLEIGH, PA 18225-0506

ZONING 570 455-2030

FAX 570 453-2402

zoning@hazletownship.com

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## CONTRACTOR'S LICENSE AND PERMIT

PERMIT #: \_\_\_\_\_

PERMIT COST: \$85.00

DATE: \_\_\_\_\_

If found working without License/\$400.00

T/A BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

APPLICANT (If Other \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL EIN or STATE EIN \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_

WORKERS COMP. INSURANCE EXPIRATION DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

.....  
This is to certify that the above named applicant has applied for and received a license/permit to perform work, furnish+/deliver goods+/services for financial gain within Hazle Township.

Minimum Liability Insurance required is \$500,000.00

PAYMENT: \_\_\_\_\_

\_\_\_\_\_  
Zoning/Permit Officer

Cash \_\_\_\_\_ Check# \_\_\_\_\_

DATE \_\_\_\_\_

Expires: \_\_\_\_\_

NOTE: UPON APPLICATION FOR A BUILDING PERMIT, ACT 44 REQUIRES TOWNSHIPS TO MAKE SURE A CONTRACTOR HAS WORKER'S COMPENSATION COVERAGE FOR THEIR EMPLOYEES. PLEASE FORWARD TO THIS OFFICE THE REQUIRED INSURANCE INFORMATION FOR OUR RECORDS. IF YOU MEET THE QUALIFICATIONS FOR A PAOAGHIC REGISTRATION YOU MAY NOT BE ISSUED A LICENSE BY A MUNICIPALITY AS OF 7-1-09, BUT WILL STILL NEED TO PROVIDE PROOF OF INSURANCE WITH YOUR REGISTRATION NUMBER.