



New Garden Township

BOARD OF SUPERVISORS
299 STARR ROAD
LANDENBERG, PENNSYLVANIA 19350

MEMORANDUM

TO: All Developers, Contractors and Subcontractors

FROM: DONALD L. SUCKSTORF, Director of Zoning & Code Enforcement

DATE: March 24, 2011

RE: **CONTRACTOR REGISTRATION**

At their regular meeting of March 3, 2003, the Board of Supervisors adopted Ordinance #149, which requires all contractors and subcontractors doing work in New Garden Township to be registered.

Registration is on an annual basis covering the period April 1st through March 31st. The annual fee is \$100.00. Contractors registering throughout the year will be prorated but all contractors currently working in the Township must register by April 1st and pay the fee .

The Contractor is required to submit a valid Certificate of Insurance naming the Township as an Additional Insured to be notified in the event on cancellation of the coverage. The Contractor is responsible to provide a valid Certificate of Insurance while registered in the Township. Applications submitted without insurance information will be deemed incomplete. If the Contractor does not provide all necessary insurance information within seven (7) days of the original application, the application will be denied and no registration will be issued.

Phone: (610) 268-2915
Fax: (610) 268-0458

Email: DSuckstorf@newgarden.org
Website: www.NewGarden.org

MINIMUM INSURANCE REQUIREMENTS AS PER ORDINANCE #149:

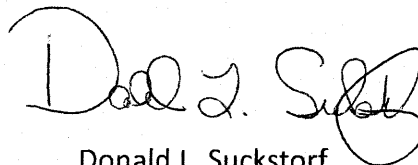
1. General Liability: \$1,000,000 per year per occurrence
 \$2,000,000 general aggregate
2. Bodily Injury: \$300,000
3. Property Damage: \$1,000,000
4. Vehicle(s): Combined single limit of \$500,000
5. Minimum Workmen's Compensation Coverage or a signed notarized waiver form
6. Adequate Builder's Risk coverage

Insurance Certificates may be faxed by your agent directly to the township at 610-268-0458. If you are exempt from Workmen's Compensation, please complete the attached waiver form, have your signature notarized and return it with your application.

The developer is required to register if acting as a general contractor and is responsible for making sure all contractors and subcontractors working on the site are registered.

If you have questions or need additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Donald L. Suckstorf". The signature is written in a cursive style with a large initial "D" and "S".

Donald L. Suckstorf
Director
Zoning & Code Enforcement



New Garden Township

BOARD OF SUPERVISORS
299 STARR ROAD
LANDENBERG, PENNSYLVANIA 19350

Pro-Rated Contractor Registration Fees for New applications only

Registration period is from April 1st through March 31st

Month of application:	April.....	\$100.00
	May.....	\$ 92.00
	June.....	\$ 84.00
	July.....	\$ 76.00
	August.....	\$ 68.00
	September.....	\$ 60.00
	October.....	\$ 52.00
	November.....	\$ 44.00
	December.....	\$ 36.00
	January.....	\$ 28.00
	February.....	\$ 20.00
	March.....	\$ 12.00

Renewal registration fee \$100.00 per year

- Residential home improvement contractors registered with the Pennsylvania Attorney General's office are exempt from registration fees. This does not apply to new residential construction or commercial construction.

**TOWNSHIP OF NEW GARDEN
ADDENDUM TO PERMIT APPLICATION**

Permit Application # _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's Federal or State Employer Identification number (EIN) _____

- I. The applicant for the permit, in compliance with Act 44 of 1993, hereby submits (check One):
- Certificate of insurance (please attach)
 - Certificate of self-insurance (please attach)
 - Affidavit of Exemption

II. If a certificate of insurance or self-insurance has been submitted, please complete the following;

Name of insurer or self-insured _____

Address _____

City _____ State _____ zip code _____

Contractor/policy holder's Federal or State employer identification number (EIN)

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Worker's Compensation Act.
2. The insurer has been notified that the municipality issuing the permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own worker's compensation coverage.
4. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of worker's compensation coverage.
5. Violation of the Worker's Compensation Act or the terms of this permit will subject the contractor/policy holder to a **STOP WORK ORDER** and other fines and penalties as provided by law.

III. If an exemption is being claimed and you are the property owner, please check the block below and sign the back of this form where it asks for signature.

Applicant is the individual who owns the property.

IV. If an exemption is being claimed, please complete the following and sign in the presence of a notary public.

Basis for exemption (check one)

Contractor / applicant is a sole proprietorship without employees.

Contractor / applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under section 104 of the Worker's Compensation Act. Please explain: _____

All of the contractor/ applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. Please explain: _____

Other; Please explain _____

Any subcontractors used on this project will be required to carry their own workers compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Worker's Compensation Act or the terms of this permit will subject the applicant to a STOP WORK ORDER and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for the permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of the 18 PA C.S.A. ss4904 relating to unworn falsifications to authorities.

Signature

Title

Name (please print)

Name of company

Date

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed before me this _____ day of _____ 20 _____

Notary Public

SEAL

Date commission expires