BOROUGH OF COLWYN
221 Spruce Street
Colwyn, PA 19023
Phone: 610-461-2000
www.colwynborough.com

CONCRETE / DRIVEWAY PERMIT APPLICATION

CONCRETE PERMIT FLAT FEE: $40 TO INSTALL NEW / $25 TO REPLACE EXISTING + $4.50 STATE FEE

- ✓ Certificate of Insurance: A Certificate of Insurance MUST accompany this application
- ✓ Workers' Compensation Certificate **OR** Workers Compensation Release Form

PROPERTY ADDRESS _____ _____

WORK SPECIFICATIONS & MATERIALS

DIMENSIONS (LENGTH × WIDTH) _____

TOTAL SQUARE FOOTAGE _____

MATERIALS PROPOSED _____

_____

VALUE OF JOB: $_____ **TIME TO COMMENCE**_____

PROPERTY OWNERS NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

CONTRACTORS NAME _____

ADDRESS_____

PHONE _____

EMAIL _____

CONTRACTORS LICENSE # _____ EXPIRES: _____

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by law or ordinance.

SIGNATURE: _____ **DATE:** _____

Inspection Notice: Pre-pour inspection is required for all concrete work. A minimum 24-hour notice is required to schedule inspection.
Call 215-880-0108 to schedule inspections

WORKERS COMPENSATION INSURANCE COVERAGE PROGRAM

A. **THE APPLICANT IS** A CONTRACTOR WITHIN THE MEANING OF THE PENNSYLVANIA WORKER'S COMPENSATION LAW. _____YES _____NO

IF THE ANSWER IS "YES", COMPLETE SECTIONS B AND C BELOW, AS APPROPRIATE.

B. INSURANCE INFORMATION

NAME OF APPLICANT: _____

FEDERAL OR STATE IDENTIFICATION NUMBER: _____

APPLICANT IS A QUALIFIED SELF-INSURER FOR WORKER'S COMPENSATION – CERTIFICATE ATTACHED

NAME OF WORKER'S COMPENSATION INSURER:_____

WORKER'S COMPENSATION INSURANCE POLICY NUMBER:_____

POLICY EXPIRATION DATE:_____

C. EXEMPTION

COMPLETE SECTION C IF THE APPLICANT IS A CONTRACTOR CLAIMING EXEMPTION FROM PROVIDING WORKER'S COMPENSATION INSURANCE.

THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKER'S COMPENSATION INSURANCE UNDER THE PROVISIONS OF PENNSYLVANIA'S WORKER'S COMPENSATION LAW FOR ONE OF THE FOLLOWING REASONS, AS INDICATED:

_____CONTRACTOR WITH NO EMPLOYEES. CONTRACTOR PROHIBITED BY LAW FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK PURSUANT TO THIS BUILDING PERMIT UNLESS CONTRACTOR PROVIDES PROOF OF INSURANCE TO THE TOWNSHIP.

_____RELIGIOUS EXEMPTION UNDER THE WORKER'S COMPENSATION LAW.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____DAY OF _____

_____
APPLICANT SIGNATURE

_____
(SIGNATURE OF NOTARY PUBLIC)
MY COMMISSION EXPIRES_____
SEAL:

_____
ADDRESS

_____
COUNTY

_____
MUNICIPALITY

FALSE INFORMATION PROVIDED IN THE APPLICATION PROCESS WILL RESULT IN IMMEDIATE REVOCATION OF THE LICENSE AND PERMIT.