

**SOUTH WAVERLY BOROUGH  
OFFICE OF CODE ENFORCEMENT**

Email - [swb@southwaverlyborough.org](mailto:swb@southwaverlyborough.org)

2523 Pennsylvania Ave.  
South Waverly, PA. 18840

Office 570-888-2125  
FAX 570-888-7173

**DOCUMENT VERIFICATION APPLICATION FOR CONTRACTOR**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Contractor or Business: \_\_\_\_\_

DBA(s): \_\_\_\_\_

PA State Registration # \_\_\_\_\_ Have you registered yet? [www.attorneygeneral.gov](http://www.attorneygeneral.gov) to register  
(Home Improvement Contractors Only)

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_, City, State and Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_

What Other Contractors License/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 number and type of work performed.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PLEASE BE SURE TO SIGN AND DATE THE BACK OF THIS DOCUMENT IN FRONT OF A NOTARY 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 570-888-7173.

**PERMIT FEE \$50.00 (PAYABLE TO SOUTH WAVERLY BOROUGH)**

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 Borough of South Waverly will comply with the International Code Council's (ICC) International Building Code 2009 (IBC2009) as adopted by the South Waverly Borough Council.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**WORKER'S COMPENSATION AFFIDAVIT**

**(This section must be completed in the presence of a Notary Public prior to submitted application)**

**(FOR CONTRACTORS WITH NO EMPLOYEES)**

I, \_\_\_\_\_, DO AFFIRM THAT I WILL NOT EMPLOY/HIRE ANY OTHER PERSON(S) FOR THE PROJECTS (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 with 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 Workman'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 PROJECTS(S) FOR WHICH I AM SEEKING A CONTRACTORS PERMIT. I FURTHER AFFIRM THAT I HAVE PROVIDED THE SOUTH WAVERLY BOROUGH 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 acknowledge 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	_____
<b>PAYMENT METHOD</b>	
CHECK #	_____ \$ _____
CASH	_____