



Borough of Saint Lawrence

135 N Prospect St., Reading, PA 19606-1407

Office: (610) 779-1430 * Fax: (610) 779-9148

All contractors and subcontractors must submit a Certificate of Insurance that includes state required minimum coverages including Worker's Compensation Insurance. If Worker's Compensation coverage is not required, the Affidavit of Exemption from the Worker's Compensation Act Must be Completed and Notarized.

FEE: \$30

Professional Trade Registration Form

Corporations, LLC's, and Partnerships: please indicate a contact person in the Applicant Space

TRADE: ☐ Building ☐ Mechanical ☐ Plumbing ☐ Electrical ☐ Other _____

Applicant: _____

Mobile: _____

Business Name: _____

Fax: _____

Business Address: _____

Office: _____

Email(s): _____

EXPERIENCE: ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other _____

Certifications and Municipalities where you currently hold Electrical, Mechanical or Plumbing Trade Licenses: (Include copies of Licenses and Certifications with this Application.) Upon review by the BCO, you may be required to provide educational background and employment history: ☐ Not Applicable

IMPORTANT NOTICE

Failure to complete all fields may result in rejection or significant delays in the processing of your permit application!

I hereby certify that all provisions and requirements of the currently adopted Pennsylvania Uniform Construction Codes, and all current Zoning Ordinances & Resolutions of the Borough of Saint Lawrence will be met and complied with, whether specified herein or not. All plans approved by the Codes Department form a part of this application. I further 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 maximum penalties as prescribed in 18 Pa C.S. § 4909 relating to unsworn falsification to Authorities and other penalties as may be prescribed by Local, County, State & Federal Law.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____