



Borough of Saint Lawrence

3540 Saint Lawrence Avenue, Reading, PA 19606-2372

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 Workers Compensation Act must be completed and Notarized. The Borough provides free Notary service on all applications.

FEE: \$30

Professional Trade Registration Form

Corporations, LLC's and Partnerships: please indicate a contact person in the Applicant space and the Business Name under Current Employer. Please provide full contact information.

Trade:

Building Mechanical Plumbing Electrical Other

Applicant: _____ Mobile: () - _____
Home Address: _____ Fax: () - _____
Email: _____

Employment History:

Current Employer: _____ Office: () - _____
Business Address: _____ Mobile: () - _____
Fax: () - _____
Position: _____ Years With Employer: _____ Email: _____
 Residential Commercial Industrial Institutional Other

Previous Employer:

Address: _____ Office: () - _____
Mobile: () - _____
Fax: () - _____
Position: _____ Years With Employer: _____ Email: _____
 Residential Commercial Industrial Institutional Other

Previous Employer: _____ Office: () - _____
Address: _____ Mobile: () - _____
Fax: () - _____
Position: _____ Years With Employer: _____ Email: _____
 Residential Commercial Industrial Institutional Other

Education History:

Technical School: _____ Contact: () - _____
Address: _____ Office: () - _____
From: _____ Through: _____

Other Training: _____ Contact: () - _____
Address: _____ Office: () - _____
From: _____ Through: _____

High School: _____ Contact: () - _____
Address: _____ Office: () - _____
From: _____ Through: _____

Certifications:

Municipalities where you currently hold Licenses : (Include copies of Licenses with this Application)

Trade References:

****IMPORTANT NOTICE****

Failure to fill in ALL Required Fields will 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 four page application. I further certify that the statements contained herein are true and correct to the best of my knowledge and belief and that I am authorized by, and acting on behalf of the Property Owner identified herein to make this application, and that before I accept any permit for which this application is made, the Property Owner shall be made aware of all conditions of the permit(s). I Understand that if I knowingly make any false statements herein I am subject to such maximum penalties as may be prescribed by Local, County, State & Federal Law.

Applicant Signature: _____ Date: ____ / ____ / ____

Applicant Name: _____

Sworn and subscribed to before me, this _____ day of _____, 20____

Notary Public
My Commission Expires _____

(SEAL)

Codes Department Use Only:

- | | | |
|---|--|---|
| <input type="checkbox"/> Application Complete | <input type="checkbox"/> WC Exemption Affidavit Attached | <input type="checkbox"/> Trade References Checked |
| <input type="checkbox"/> Insurance Certificate Attached | <input type="checkbox"/> Registration Fee Received | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Insurance Includes Workers Comp. | <input type="checkbox"/> Technical References Checked | <input type="checkbox"/> Not Approved |

Notes:

Code Official Approval: _____ Date: ____ / ____ / ____

Submit all applications to: Borough of Saint Lawrence
3540 Saint Lawrence Avenue
Reading, PA 19606-2372

Office: (610) 779-1430
Fax: (610) 779-9148
Email: stlawboro@ptd.net