



APPLICATION FOR PLUMBER REGISTRATION LOWER POTTS GROVE TOWNSHIP

2199 Buchert Rd. Pottstown, PA 19464 (610) 323-0436 Fax (610) 323-3824

Please print—

Name of Master Plumber _____

Name of Firm _____

Address of Firm _____

Street

City

State

Zip Code

Phone Number _____ Fax Number _____

Make checks payable to: Lower Pottsgrove Township
Attn: Code Administration Officer
2199 Buchert Road
Pottstown, PA 19464

Registration Fee: \$75.00 for Master Plumber
\$25.00 for Journey Plumber

Important: Enclose a Certificate of Insurance which will cover you/your company for the entire year of _____.

Coverage Requirements: Bodily Injury \$300,000.
Property Damage \$100,000.

Professional Certification: Please list one or more other municipalities in which you are currently licensed to engage in the business of plumbing. Lower Pottsgrove Township reserves the right to reject any applicant who is not properly certified to be a plumber.

Workmen's Compensation Insurance: Applicant hereby certifies that all employees performing Plumbing related activities within Lower Pottsgrove Township are covered by Workmen's Compensation Insurance.

I hereby make application to register to engage in and carry on the business of electrical service in Lower Pottsgrove Township as a Master Plumber.

I further certify that the information above is true and accurate to the best of my knowledge. I understand that the submission of inaccurate or incorrect information on this form could subject the applicant to a loss of registration within the Township.

Print Name _____ Signature _____

For Journeymen: Please fill in the above and fill in the names of the Journeymen plumbers below.

If additional space is needed, please use other side.

Journeymen: _____
