

township of

Phone: 215-348-9915 • Fax: 215-348-8729

Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

CHANGE OF GENERAL CONTRACTOR / SUBCONTRACTOR

Only use this form for any changes that should occur after receiving your approved permit.

As per the Pennsylvania Workers Compensation Insurance regulation, all contractors/subcontractors are required to provide proof of Workers Compensation and Liability Insurance. For any changes in contractor/subcontractor, please provide a liability insurance certificate naming Doylestown Township as additional insured, in addition to the Worker's Compensation insurance certificate.

Job Location:	Permit No:
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Contractor leaving the job:	
Date leaving the job:	
Contractor Address:	
City, State, Zip:	
Phone:	
E-Mail:	State Contractor License No.:
Trade (If other than general contractor):	

New Contractor taking their place:	
Date taking over the job:	
Contractor Address:	
City, State, Zip:	
Phone:	
E-Mail:	State Contractor License No.:
Trade (If other than general contractor):	

Signatures Required		
Property Owner or Individual Responsible for Property	Print Name: Sign:	Date:
General Contractor:	Print Name: Sign:	Date: