

township of

Phone: 215-348-9915 • Fax: 215-348-8729
Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

CHANGE OF SUBCONTRACTOR APPLICATION

Due to the Pennsylvania Workers Compensation Insurance regulation, all change in subcontractors requires they provide proof of insurance. In addition, provide a liability insurance certificate naming Doylestown Township as certificate holder.

| | |
|---------------|------------|
| Job Location: | Permit No: |
|---------------|------------|

| | | | |
|---------------------|--|------------------------------|--|
| General Contractor: | | | |
| Contractor Address: | | | |
| City, State, Zip: | | | |
| Phone: | | Fax: | |
| E-Mail: | | State Contractor License No: | |

To Replace #1

| | | | |
|--|--|--|--|
| Subcontractor #1: | | | |
| Contractor Address: | | | |
| City, State, Zip: | | | |
| Phone: | | Fax: | |
| E-Mail: | | State Contractor License No. | |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | |

With Subcontractor #2

| | | | |
|---------------------|--|------------------------------|--|
| Subcontractor #2: | | | |
| Contractor Address: | | | |
| City, State, Zip: | | | |
| Phone: | | Fax: | |
| E-Mail: | | State Contractor License No. | |

Signatures Required

| | | | |
|-------------------------------------|--------------|-------|--|
| Property Owner: | <i>print</i> | Date: | |
| Individual Responsible for Property | <i>print</i> | Date: | |
| General Contractor: | <i>print</i> | Date: | |
| No. 2 Subcontractor: | <i>print</i> | Date: | |