



Borough of Doylestown Building and Zoning Department

10 Doyle Street, Doylestown, PA 18901

215.345.4140

Plumber's Registration Form

Applicant name: _____

Company Name: _____

Mailing Address: _____

Office Phone Number: _____

Cell Phone: _____

Prior Year Doylestown Borough Registration Card Number: _____

Type of Registration (Select One)		
<input type="checkbox"/>	Master	\$100 You must attach a copy of your Master Plumber Board Certification to register as a Master Plumber
<input type="checkbox"/>	Journeyman	\$50
<input type="checkbox"/>	Apprentice	\$25

As required by the PA Workman's Compensation Reform Act, all contractors are required to provide proof of insurance coverage including Public Liability and Workman's Compensation coverage for all employees, as a condition of any permits issued. The Borough of Doylestown must be named as a Certificate Holder and notify as to any change in status of policy.

Insurance Information:

General Contractor's Liability Company:

Amount of coverage:

Workman's Compensation Company:

Amount of coverage:

I hereby apply for a 20___ Borough of Doylestown Plumbers/Mechanical Registration Card in accordance with the Act of Assembly of June 7th, 1901, PL 493 and amendments thereto, including Act No. 44 of March 31, 1937, PL 168, and the Doylestown Borough Code Of Ordinances.

Signature of Applicant

Date: