

UPPER MACUNGIE TOWNSHIP  
8330 SCHANTZ ROAD  
BREINIGSVILLE, PA 18031



---

(610) 395-4892

---

**To: All Electricians/ Plumbers**

**Re: Township Licensing**

Upper Macungie Township requires all Electricians and Plumbers to have a license to engage in work in the Township. The fee due is **\$60 (Sixty Dollars)** and the license expires on **December 31<sup>st</sup> of the license year.**

Please complete the application and return to the above address with legible copies of the following:

1. Photo Identification (such as a driver's license)
  2. Current Electrical or Plumbing license from another jurisdiction
  3. Cash, check or money order for \$60 payable to Upper Macungie Township
  4. Certificate of Insurance showing General Liability and Workers' Compensation coverage listing Upper Macungie Township as Certificate Holder or Certificate of Insurance and a notarized, original Workers' Compensation coverage exemption form / waiver for the license file only
- ***For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance***
  - **Certificates of Insurance and exemption forms / waivers must be included with each application for permits.**

Thank you,

Permit Department

UPPER MACUNGIE TOWNSHIP  
8330 SCHANTZ ROAD  
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

I hereby apply for a License to perform work in Upper Macungie Township

*Check One:*     ELECTRICIAN                       PLUMBER

*EQUIPPED TO PERFORM SEWER LATERAL INSPECTION – Circle One- Yes or No*

Contractor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY

STATE

ZIP CODE

Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Email for Contact Person: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please have the following documents with you when you **apply** in person or mail legible copies to Upper Macungie Township

- Valid Driver's License or Photo ID
- A current Electrical or Plumber's License
- Certificate of Insurance showing General Liability and Workers' Compensation (with Upper Macungie Township listed as the Certificate Holder)
- OR*
- General Liability Coverage and notarized Workers' Compensation Coverage Exemption Form
- Check or money order made payable to "Upper Macungie Township" in the amount of \$60
- **For Annual License Renewals - Please complete the Application and remit with payment and Certificate of Insurance**

**IMPORTANT!**

Please be sure to address all correspondence - Attention: LICENSING

FOR OFFICE USE ONLY	
<input type="checkbox"/> Paid    Date _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____    Date Issued: _____

UPPER MACUNGIE TOWNSHIP  
8330 SCHANTZ ROAD  
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

**WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN  
ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44**

**Exemption:**

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

The undersigned swears or affirms that he / she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

**Contractor with No Employees** - Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless Contractor provides proof of insurance to Upper Macungie Township.

**Religious Exemption** under the Workers' Compensation Law.

\_\_\_\_\_  
Print Company Name

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Address

(SEAL)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
County / Municipality

\_\_\_\_\_  
Signature of Applicant