

DAMASCUS TOWNSHIP

BUILDING / ZONING DEPARTMENT

60 Conklin Hill Road, Damascus, Pennsylvania 18415

(570) 224-4410 PHONE (570) 224-4940 FAX

www.damascustwp.org

List all contractors that will be *on-site* during construction. A workers compensation insurance certificate must be presented to the township before entry on the work site. Check a box for either workers comp or affidavit box for each contractor. The Township must be notified of any additional contractors and workers compensation insurance certificates or affidavits must be presented for each additional contractor. A stop work order will be issued if no workers compensation certificates or affidavits are on file for any worker on site.

Design / Architect _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Project Supervisor / Manager _____

Address _____

Phone _____ Workers Comp _____ Affidavit

General Contractor _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Excavation Contractor _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Concrete Contractor _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Framing Contractor _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Electrical Contractor _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Plumbing Contractor _____

Address _____

Phone _____ Workers Comp _____ Affidavit

Heating System Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Roofing Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Siding Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Drywall Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Tape / Spackle Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Painting Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Fire / Burglar Alarm Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Landscape Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Other _____ Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Other _____ Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Other _____ Contractor _____
Address _____
Phone _____ Workers Comp _____ Affidavit

Attach additional pages if necessary.