

township of

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

Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

CHANGE OF CONTRACTOR / SUBCONTRACTOR

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:

Contractor:			
Contractor Address:			
City, State, Zip:			
Phone:		Fax:	
E-Mail:		State Contractor License No.	
Trade (If other than general contractor):			

New contractor taking their place:

Contractor:			
Contractor Address:			
City, State, Zip:			
Phone:		Fax:	
E-Mail:		State Contractor License No.	
Trade (If other than general contractor):			

Signatures Required

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