

TOWNSHIP OF ROCHELLE PARK
BUILDING DEPARTMENT

Date _____ Contractor Registration # _____

_____ hereby acknowledge that _____ have read this application and state that it is correct and agree to comply with all of the Township Ordinances and State Laws regulating building construction.

Sworn to before me this day of _____
Applicant Signature (Principal Officer)

Name of Contractor or Firm _____

Mailing Address (Street) _____

(City, State, Zip Code) _____

(Phone Number) _____

Federal ID# _____ Social Security# _____

If the above is a Company, Corporation, or Partnership, please give name of Principal Officer:

Name _____ Address _____

Classification under which registration is required:

- | | |
|---|--|
| <input type="checkbox"/> General Contractor
(responsible for sub-contractor) | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Roofing and Siding Contractors | <input type="checkbox"/> Moving Contractor |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Sign Contractor |
| <input type="checkbox"/> Plumbing & Heating Contractor | <input type="checkbox"/> Miscellaneous |

Number of years firm has been in business _____

Does Contractor have public liability insurance? _____

If above is affirmative, please state amount of coverage _____

Name of company writing said insurance _____

I have this day examined this application and find same to be in accordance with the Building Inspector and Ordinances of the Township of Rochelle Park, New Jersey.

Building Inspector

Registration Fee \$15.00 .

Certificate of Insurance must be submitted with application and registration fee