EAST RUTHERFORD CONSTRUCTION DEPARTMENT

199 PATERSON AVENUE • EAST RUTHERFORD NJ 07073
(201) 933-5649 FAX (201)933-6094

APPLICATION FOR CONTRACTOR'S REGISTRATION IN ACCORDANCE WITH ORDINANCE No. 96-16, TO REGULATE AND CONTROL BUILDING OPERATIONS IN THE TOWNSHIP OF EAST RUTHERFORD, NEW JERSEY. THE FEE IS $50.00 FOR INITIAL REGISTRATION AND $25.00 FOR RENEWAL. PLEASE FILL OUT ALL INFORMATION ON THE FORM AND HAVE IT NOTARIZED.

APPLICATION FOR CONTRACTOR'S REGISTRATION

PLEASE PRINT OR TYPE

DATE _____ 19 _____

1. NAME OF BUSINESS _____ FED ID/SSN: _____

   ADDRESS _____
   STREET TOWN STATE ZIP CODE

   TELEPHONE _____ ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

2. CLASSIFICATION UNDER WHICH REGISTRATION REQUESTED (Check One)

   ☐ GENERAL CONTRACTOR
   (one responsible for all his sub-contractors)

   ☐ ROOF & SIDING CONTRACTOR

   ☐ DEMOLITION CONTRACTOR

   ☐ MASON CONTRACTOR

   ☐ SWIMMING POOL CONTRACTOR

   ☐ SIGN CONTRACTOR

   ☐ MISCELLANEOUS (Specify)

   _____

3. INDIVIDUAL ONLY _____
   NAME AND ADDRESS IF DEFERENT FROM ABOVE

   TELEPHONE No. _____ HOME ADDRESS _____

4. CORPORATION OR PARTNERSHIP (Name, Address, Telephone No.)

   _____
   PRESIDENT OF PARTNER

   _____
   VICE PRESIDENT OR PARTNER

   _____
   SECRETARY/TREASURER

5. NAME & ADDRESS OF REGISTERED AGENT (Corporation) _____

   _____

6. LENGTH OF TIME APPLICANT HAS BEEN IN BUSINESS _____

7. DOSE APPLICANT CARRY PUBLIC LIABILITY INSURANCE? _____

(a) Amount of Coverage _____

(b) Name & Address of Company that wrote Policy _____

_____ Policy Number _____

1. DO YOUR CARRY WORKER'S COMPENSATION INSURANCE AS REQUIRED BY LAW? _____

(a) Name & Address of Company that Underwrites the Policy_____

_____ Policy Number _____

(b) Expiration Date of Policy _____

2. IS APPLICANT INTERESTED IN DOING EMERGENCY WORK FOR THE BOROUGH? _____

(a) If yes, supply a copy of emergency work rates, services, equipment available.

3. TYPE OF APPLICATION: ☐ First Time Applicant ☐ Renewal - Previous Registration #: _____

4. IS APPLICANT REGISTERED TO WORK IN ANY OTHER MUNICIPALITY REQUIRING LICENSE? _____

(a) Name of Municipality _____

(b) Has your Registration in any other Municipality been revoked for any reason, if so please state name of the Municipality and reason for revocation.

_____

_____

Signature of Applicant _____

I (we) certify that I (we) have read this application thoroughly and agree to conform with the provisions of all Local and State regulations concerning building construction.

By _____
SIGNATURE OF APPLICANT

Sworn to and subscribed before me this

_____ day of _____ 20 ____

_____
NOTARY PUBLIC

I have on _____ received and examined this application and find same to be in accordance with the Building Ordinances of the Borough of East Rutherford and hereby issue such Registration.

Signature _____
CONSTRUCTION OFFICIAL - CONSTRUCTION DEPARTMENT

REGISTRATION NUMBER ___CR_____

Amount Paid _____
Check # _____
Received By _____

☐ Can do emergency work for the borough.