

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

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 31st 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**

Upper Macungie Township is enforcing the 2015 Pennsylvania Uniform Construction Code.

Thank you,

Sharon Stamm
Permit Coordinator
sharons@uppermac.org
(610) 395-4892 Ext. 135

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

Circle One: ELECTRICAL PLUMBING

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

Paid Date: _____ Cash Check # _____ Date Issued: _____

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