

Township of Springfield  
CODE ENFORCEMENT DEPARTMENT  
50 POWELL ROAD SPRINGFIELD, PA 19064  
PHONE#610-544-1300 FAX#610-544-5780  
APPLICATION FOR PLUMBER'S REGISTRATION

**\$100.00 FEE**

\_\_\_\_\_20\_\_\_\_\_

To the President and Members of the Board of Commissioners:

Gentlemen: I, the undersigned, being a practical plumber, hereby make application for registration as a Plumber, to perform work within the limits of the Township of Springfield, and herewith enclose **\$100.00** for the registration fee.

Name \_\_\_\_\_ Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

(UNLESS PREVIOUSLY REGISTERED IN THIS TOWNSHIP  
APPLICANT WILL ANSWER THE FOLLOWING QUESTIONS)

1. Are you registered for the current year elsewhere?
2. If so, give place and registration number?
3. How many years apprenticeship did you serve?
4. With whom were you last employed?
5. What is your age?
6. With whom did you learn plumbing?
7. If not registered elsewhere for the current year, the following questions are also to be answered:

Have you ever taken an examination in plumbing?  
If so, when and where were you examined?  
What was the result?

I hereby certify that the answers given are true and correct.

**VOUCHER**

To the President and Members of the  
Board of Commissioners:

\_\_\_\_\_19\_\_\_\_\_

Gentlemen: I, the undersigned Plumber, engaged in the plumbing business at \_\_\_\_\_  
\_\_\_\_\_ State of \_\_\_\_\_  
have personally known \_\_\_\_\_ for \_\_\_\_\_ years, and  
recommend him as a practical plumber.

Signed Name \_\_\_\_\_

\_\_\_\_\_

SPRINGFIELD TOWNSHIP – DELAWARE COUNTY, PA WORKER’S  
COMPENSATION INSURANCE COVERAGE INFORMATION  
(attach to building permit application) Part II

PLEASE PRINT

A. The applicant is

A contractor within the meaning of the Pennsylvania Worker’s Compensation Law

Yes                       No

If the answer is “yes”, complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for worker’s compensation.

Certificate attached

Name of Worker’s Compensation Insurer \_\_\_\_\_

Worker’s Compensation Insurance Policy No. \_\_\_\_\_

Certificate attached

Policy Expiration Date \_\_\_\_\_

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing worker’s compensation insurance.

The undersigned swears or affirms that he/she is not required to provide worker’s compensation insurance under the provisions of Pennsylvania’s Worker’s Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Worker’s Compensation Law.

Signature of applicant \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_