

To Whom It May Concern:

Please find enclosed your 2011 City of Johnstown contractor's application form. Should you desire to renew your license it should be done so prior to December 31, 2011 to ensure no interruption in your licensing. Be further advised that licenses are not prorated, the annual fee is one hundred (\$100.00) dollars for the entire year or any portion thereof.

Your license, additional applications, and/or other ordinance information for the City of Johnstown can be obtained at City Hall by contacting the Department of Codes and Permitting, Questions concerning information should be directed to Don Michaels, in Room 200, he can be reached at (814) 533-2048. Permits, permit applications and construction inspections should be directed to Jim Thomas, in Room 205, or call him at (814) 533-2050. **Failure to obtain a building permit or performing work on a project which has no permit can result in your licensing being revoked.**

**A Centax number is required on the license application this year. You can contact the Centax office at 814-269-2350 contact person is Carrie Fondelier for this information. If an application is sent in without this information it will delay the process of your license.**

I also want all contractors to be aware that the City of Johnstown enacted Pennsylvania Act 45, the Uniform Construction Code and strictly adheres to the current 2009 edition. All commercial projects require plans to be submitted and stamped by a Pennsylvania licensed architect and/or engineer. Some residential construction, additions and renovations may be required depending on the complexity of the work. In all cases this will be overseen and determined by the Director of Codes & Permitting as the Building Code Official. The BCO is licensed independently by the Pennsylvania Department of Labor & Industry. All commercial work and some residential projects will require UCC inspections. I am advising you to reflect this in your bidding or other contractual arrangements you may enter in to.

I am enclosing a brochure concerning building permits and inspections for your use and information. As the Community and Economic Development Director, I will help in any way to make this process as smooth as possible. The key will be a line of open communication and mutual cooperation.

Sincerely,

James White  
Director of Community and Economic  
Development

CC: Kristen Denne – City Manager  
Don Michaels-BCO  
Marlane Zima – Administrative Assistant

CITY OF JOHNSTOWN  
DEPARTMENT OF CODES & PERMITS  
CITY HALL, 401 MAIN STREET ROOM 200  
JOHNSTOWN, PA 15901  
814-533-2017 FAX 814-539-5816

**APPLICATION FOR CONTRACTOR'S LICENSE**

(make all checks payable to: City of Johnstown)

**FEES: \$100.00 JANUARY 1<sup>ST</sup>, 2011 THRU DECEMBER 31<sup>ST</sup>, 2011**

**NOTE: DO NOT LEAVE BLANK SPACES-IF NONE OR N/A SO STATE**

**(ALL SUBCONTRACTORS MUST HAVE THEIR OWN CONTRACTOR'S LICENSE)**

DATE: \_\_\_\_\_ LICENSE: \_\_\_\_\_

Pursuant to all City of Johnstown Codes I (we) hereby apply for a Contractor's License and submit the following statement:  
All work shall be in accordance with Commonwealth of Pa Act 45 and as per the Uniform Construction Code—2009 amended, or most current issue.

**BUSINESS INFORMATION**

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type of Business: Individual Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

OWNER NAME:(IF A PARTNERSHIP, NAME ALL MEMBERS OF THE PARTNERSHIP, IF CORPORATION,  
NAME ALL OFFICERS:)

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer Identification Numbers (if applicable): \_\_\_\_\_

**IF NONE, STATE NONE IN EACH SECTION; BLANK SPACES WILL NOT BE ACCEPTED.**

**MANDATORY #**

Federal # \_\_\_\_\_ State # \_\_\_\_\_ **Central Tax Bureau #** \_\_\_\_\_

Public Liability Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Worker's Compensation Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate of Insurance (Agent): \_\_\_\_\_ Phone #: \_\_\_\_\_  
(photocopies not acceptable)

Type of Business: \_\_\_\_\_ Number of years in Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

1. Has the applicant(s) been denied Contractor's License by any City, Municipality, State or other governing body within the past two (2) years? \_\_\_\_\_ yes \_\_\_\_\_ no; if yes, explain::

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant(s) had a Contractor's License revoked by any City Municipality, State or other governing body within the past two (2) years? \_\_\_\_\_ yes \_\_\_\_\_ no; if yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Stickers (\$2.00 each)

All licensed vehicles owned/used during the performance of contracted work must clearly display City of Johnstown Contractor License Stickers. Non-compliance can result in the suspension/revocation of City of Johnstown Contractor's License.

Sticker(s) issued: \_\_\_\_\_ Mailed \_\_\_\_\_ Additional: \_\_\_\_\_

I affirm that the information provided herein is true and correct to the best of my knowledge. I also understand that I may be prosecuted to the fullest extent of law should I give any false information and there are criminal and civil penalties for falsifying statements. **I further understand that commencement of any/all work without first securing a Building Permit can result in the revocation of this Contractor License.** Any/all falsified information provided will result in the voiding of your Contractor's License. The applicant certifies he/she understands all the applicable codes, ordinance and regulations and is a legal owner, partner, officer or agent.

APPLICANT NAME (please print):\*\* \_\_\_\_\_

APPLICANT SIGNATURE: \*\* \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT MUST BE OWNER OR OFFICER IN COMPANY/ORGANIZATION OR LEGAL REPRESENTATIVE OF COMPANY/ORGANIZATION.**