



# EWING TOWNSHIP CODE ENFORCEMENT OFFICE

1666 PENNINGTON ROAD, EWING, NJ 08618

(609) 883-2900 Ext 7675

FAX (609) 406-1384

## EWING TOWNSHIP CONSTRUCTION OFFICE APPLICATION FOR CONTRACTORS REGISTRATION LICENSE

Forms with check payable to Ewing Township and **Certificate of Insurance** may be mailed to Ewing Township Code Enforcement Office, 1666 Pennington Road, Ewing, NJ 08618

Cost:

**NEW: \$75.00**

**RENEWAL (after Jan. 31): \$75.00**

**RENEWAL (prior to Jan. 31): \$50.00**

Old License #: \_\_\_\_\_

Date: \_\_\_\_\_

New: \_\_\_\_\_ Renewal: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Federal Employee # \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Owner/Partners \_\_\_\_\_

Full Address:(es) \_\_\_\_\_

Type of Contractor \_\_\_\_\_ (1) General\* \_\_\_\_\_ (2) HVAC \_\_\_\_\_ (3) Carpentry(roofing/siding)  
\_\_\_\_\_ (4) Masonry \_\_\_\_\_ (5) Signs \_\_\_\_\_ (6) Sprinkler  
\_\_\_\_\_ (7) Alarm \_\_\_\_\_ (8) Other/List other \_\_\_\_\_

**\* A GENERAL CONTRACTOR SUBCONTRACTS WORK OUT\***

Have you or your business ever been convicted of a construction violation? \_\_\_\_\_

If so, for what? \_\_\_\_\_

Municipality of Conviction \_\_\_\_\_ Penalty, if any \_\_\_\_\_

Years of Experience: Self \_\_\_\_\_ Business \_\_\_\_\_

Types of Training: \_\_\_\_\_

\*\*\*\* USE BACK OF FORM FOR ADDITIONAL INFORMATION\*\*\*\*

**References for completed jobs- Pleases list two (2)**

1.) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**References From Suppliers- Please list two (2)**

1.) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**Insurance Information**

Certificate of Insurance for \$100,000 Minimum – **MUST ACCOMPANY APPLICATION**

\*\*\*\* Insurance Co \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**NOTE: FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT AND  
CERTIFICATE OF INSURANCE. PLEASE MAKE CHECKS PAYABLE TO:  
TOWNSHIP OF EWING**

I understand that falsification of information on this application will result in automatic forfeiture of permit and payment .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE**

---

Amount \$: \_\_\_\_\_ Credit Card \_\_\_\_\_ CK# \_\_\_\_\_ Cash \_\_\_\_\_

Date: \_\_\_\_\_ New License#: \_\_\_\_\_ Received by \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Construction Official Signature: \_\_\_\_\_