



## **BOROUGH OF WIND GAP**

**Building, Zoning and Planning Department**

29 MECHANIC STREET, WIND GAP, PA 18091

P.610.863.7299—F.610.863.1011

E-mail: [windgapboro@yahoo.com](mailto:windgapboro@yahoo.com)

Web: [www.windgap-pa.gov](http://www.windgap-pa.gov)

Re: All Contractors

Please be advised that under the provisions of the Borough of Wind Gap Ordinance #398, dated April 7, 1997, all contractors working within the Borough of Wind Gap during the year 2008 must obtain a valid contractor's license from the Borough.

If you plan to work in the Borough of Wind Gap in 2008, please complete the application on the back of this letter and return it with the required \$25.00 fee to the Borough at the address above. The insurance requirements must be met and the application properly executed before a license will be issued.

Please note that all licenses are good for the year in which they are issued. Performing work in the Borough of Wind Gap without a valid license will subject you to a fine in accordance with the Borough Ordinance #398.

Sincerely,

Mitchell D. Mogilski Sr.  
Mayor

OFFICE OF THE MAYOR—BOROUGH OF WIND GAP  
29 MECHANIC STREET, WIND GAP, PA 18091  
P.610.863.7288—F.610.863.1011  
E-Mail: windgap@rcn.com

CONTRACTOR'S APPLICATION

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Check One: Single Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

NAMES, ADDRESSES & PHONE NUMBERS OF OWNER, PARTNERS or CORPORATE OFFICERS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

CONTRACTOR CLASSIFICATION or TRADE \_\_\_\_\_

TYPE OF WORK OR SERVICES  
OFFERED \_\_\_\_\_

INSURANCE REQUIREMENTS: A CERTIFICATE OF INSURANCE EVIDENCING COMPREHENSIVE  
GENERAL LIABILITY COVERAGE, COMMERCIAL AUTOMOBILE COVERAGE, AND PA STATUTORY  
WORKERS COMPENSATION COVERAGE, SHOWING THE BOROUGH OF WIND GAP AS THE  
CERTIFICATE HOLDER.

IF YOU ARE NOT REQUIRED TO SECURE COVERAGE UNDER THE PA WORKERS COMPENSATION  
STATUTE, PLEASE EXPLAIN:

CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY  
KNOWLEDGE AND BELIEF. ANY FALSE STATEMENT VOIDS THIS APPLICATION AND COULD  
RESULT IN SUSPENSION OF WORK.

I / CONTRACTOR, ALSO HOLD HARMLESS THE BOROUGH OF WIND GAP, ITS OFFICIALS, AGENTS  
AND EMPLOYEES FOR ANY PERSONAL INJURY OR PROPERTY DAMAGES RESULTING FROM THE  
PERFORMANCE OF ANY WORK BY ME / THE CONTRACTOR, AND ANY SUBCONTRACTORS,  
AGENTS AND EMPLOYEES.

\_\_\_\_\_  
(Signature of Owner, Partner or Corporate Officer & Title)

FEE \$25.00 PAID: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY MAYOR

NOTE: License is not mailed until Insurance is confirmed and approved by Mayor. Work may not be conducted in  
Borough until License is issued