

JOSEPH F. LOMBARDO, JR.  
Mayor

RONALD BERRY  
President

ED MARTIN  
Vice-President

**COUNCIL**

HARRIS J. RESNICK  
MICHAEL HUMPHREYS  
LEONA PAPALE  
KAREN PETERSON  
MARK J. CAMPBELL  
FRED RICH

# The Borough of Clifton Heights

30 S. Springfield Rd. • Clifton Heights, PA 19018  
OFFICE 610-623-1000 • FAX 610-623-3343

Council Meets Third Tuesday Evening of Each Month

GIANA MARTIN  
Treasurer

KIMBERLY DUFFY  
Borough Secretary

JANE TUMOLO  
Tax Collector

TIMOTHY ROCKENBACH  
Chief of Police

FRANCIS J. CATANIA, ESQ.  
Solicitor

J.P. KELLY  
Engineer of Kelly & Assoc.

## 2018

### APPLICATION TO OBTAIN A ELECTRICIANS LICENSE UNDER ORDINANCE # 637

**REQUIREMENTS:**

- 1.) A CERTIFICATE OF INSURANCE WITH THE BOROUGH OF CLIFTON HEIGHTS LISTED AS A HOLDER
- 2.) A CHECK IN THE AMOUNT OF \$75.00 MADE PAYABLE TO THE BOROUGH OF CLIFTON HEIGHTS

FIRM NAME: \_\_\_\_\_  
 OWNER'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ PAGER/CELL# \_\_\_\_\_  
 NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

**EMPLOYER INDENTIFICATION NUMBERS:**

( ) CITY \_\_\_\_\_  
 ( ) STATE \_\_\_\_\_  
 ( ) FEDERAL \_\_\_\_\_

**TYPE OF BUSINESS:**

( ) CORPORATE  
 ( ) PARTNERSHIP  
 ( ) SOLE PROPRIETOR

INSURANCE PROVIDER: \_\_\_\_\_  
 AGENT: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 GENERAL LIABILITY-POLICY # \_\_\_\_\_  
 WORKERS COMPENSATION-POLICY# \_\_\_\_\_  
 (\*IF YOU DO NOT HAVE A WORKMANS COMPENSATION POLICY YOU MUST SUBMIT A NOTORIZED AFFIDAVIT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_