

Borough of Clifton Heights
30 S. Springfield Road
Clifton Heights, PA 19018
610-623-3223 Fax 610-284-1461

2014

APPLICATION TO OBTAIN A HVAC 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 \$50.00 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 IDENTIFICATION 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 _____