LYNDHURST CONSTRUCTION DEPARTMENT
Department of Public Affairs
253 Stuyvesant Avenue • Lyndhurst, N.J. 07071
(201) 804-2490

APPLICATION FOR CONTRACTOR'S REGISTRATION IN ACCORDANCE WITH ORDINANCE No. 1872, TO REGULATE AND CONTROL BUILDING OPERATIONS IN THE TOWNSHIP OF LYNDHURST, NEW JERSEY.

Application For Contractor's Registration

PLEASE PRINT OR TYPE DATE __________________________ 19

1. NAME OF BUSINESS _______________________________________________________________

ADDRESS ________________________________________________________________

STREET ______ TOWN ___________________ STATE ______ ZIP CODE ______

TELEPHONE _____________________________ ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

2. CLASSIFICATION UNDER WHICH REGISTRATION REQUESTED (Check One)

☐ GENERAL CONTRACTOR (one responsible for all his sub-contractors)

☐ MASON CONTRACTOR

☐ ROOF & SIDING CONTRACTOR

☐ SWIMMING POOL CONTRACTOR

☐ DEMOLITION CONTRACTOR

☐ SIGN CONTRACTOR

☐ MISCELLANEOUS (Specify) _______________________________________________________

3. INDIVIDUAL ONLY __________________________________________________________

NAME AND ADDRESS IF DIFFERENT FROM ABOVE

TELEPHONE No. _____________________________ HOME ADDRESS _______________________

4. CORPORATION OR PARTNERSHIP (Name, Address, Telephone No.)

________________________________________

PRESIDENT OR PARTNER

________________________________________

VICE PRESIDENT OR PARTNER

________________________________________

SECRETARY/TREASURER

5. NAME & ADDRESS OF REGISTERED AGENT (Corporation) ____________________________

________________________________________

________________________________________

6. LENGTH OF TIME APPLICANT HAS BEEN IN BUSINESS __________________

7. DOES APPLICANT CARRY PUBLIC LIABILITY INSURANCE?

(a) Amount of Coverage _______________________________________________________

(b) Name & Address of Company that wrote Policy ________________________________

________________________________________ Policy Number ________________________
8. DO YOU CARRY WORKER'S COMPENSATION INSURANCE AS REQUIRED BY LAW?  
   (a) Name & Address of Company that Underwrites the Policy  
   ___________________________________________________________  
   ___________________________________________________________ Policy Number  
   ___________________________________________________________  
   (b) Expiration Date of Policy.  
   ___________________________________________________________  

9. IS APPLICANT REGISTERED TO WORK IN ANY OTHER MUNICIPALITY REQUIRING LICENSE?  
   (a) Name of Municipality  
   ___________________________________________________________  
   (b) Has your Registration in any other Municipality been revoked for any reason, if so please state name of the Municipality and reason for revocation.  
   ___________________________________________________________  
   ___________________________________________________________  
   Signature of Applicant  
   ___________________________________________________________  

I, (we) certify that I (we) have read this application thoroughly and agree to conform with the provisions of all Local and State regulations concerning building construction.

By  
________________________________________  SIGNATURE OF APPLICANT  

Sworn to and subscribed before me this  
   __________________________ day of __________________________ 19___  
   ________________________________________________  NOTARY PUBLIC  

I have on ______________________ received and examined this application and find same to be in accordance with the Building Ordinances of the Township of Lyndhurst and hereby issue such Registration.

Signature  
________________________________________  CONSTRUCTION OFFICIAL—CONSTRUCTION DEPARTMENT  

REGISTRATION NUMBER  
_______________________________