

# 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  
 SWIMMING POOL CONTRACTOR

ROOF & SIDING CONTRACTOR

SIGN CONTRACTOR

DEMOLITION 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(b) Has your Registration in any other Municipality been revoked for any reason, if so please state name of the Municipality and reason for revocation.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 \_\_\_\_\_