

Department of Public Affairs



CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
428-60TH STREET • ROOM 27
WEST NEW YORK, NJ 07093
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COSMO A. CIRILLO
COMMISSIONER

THOMAS O'MALLEY
CONSTRUCTION OFFICIAL
ZONING OFFICER

APPLICATION FOR CONTRACTOR'S LICENSE AND REGISTRATION WITH THE TOWN OF WEST NEW YORK

I _____ hereby acknowledge that I have fully read
(PRINT NAME CLEARLY) this application and state that the information is correct
and agree to comply with all of the Town's Ordinances

Print Name Signature

Fed I.D. Number: _____

Contractor/Company Name: _____

Name of Owner: _____

Company Address: _____

Company Phone No.: _____

Email Address: _____

Classification Under Which Registration Is Requested: (Check One)

- General: _____
- Sign: _____
- Miscellaneous: _____
- Roofing/Siding: _____
- Demolition: _____
- Fire Alarms: _____

SEE PAGE TWO (OVER)

INSURANCE CARRIER MUST BE LOCATED IN THE STATE OF NEW JERSEY

INSURANCE INFORMATION:

Name of Insurance Company: _____

Name of company writing the insurance (the carrier): _____

Address: _____

Telephone Number: _____

Need an original Certificate of Insurance naming THE TOWN OF WEST NEW YORK AS A CERTIFICATE HOLDER. Please be advised that only original certificates will be accepted. If it is faxed, it must be faxed from the insurance company and the original to follow. Furthermore, should your insurance information/company change, it is your responsibility to forward any and all pertinent information to this department.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. IT MUST CONTAIN ORIGINAL SIGNATURES AND THE FEE OF \$100.00 MUST BE PAID AT THE TIME YOU SUBMIT THIS APPLICATION. CASHIER'S CHECK OR MONEY ORDER ONLY PAYABLE TO THE TOWN OF WEST NEW YORK. NO PERSONAL OR COMPANY CHECKS WILL BE ACCEPTED.

DATE ISSUED: _____

LICENSE NUMBER ISSUED: _____

AMOUNT COLLECTED: _____

ISSUED BY: _____