

Contractor Emergency Contact Information

UPPER ALLEN TOWNSHIP
100 GETTYSBURG PIKE
MECHANICSBURG, PA 17055
Monday through Friday 8 AM to 4:30 PM

Community Development Department
Township Office: 717-766-0756
Fax: 717-796-9833
www.uatwp.org

Complete all relevant sections

I. Contractor/Business Owner Information

Name: _____
Last / First / MI

Address: _____

Phone: _____ Fax: _____ Email: _____

II. Business & Insurance Information

Contractor/Business Trade Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Nature of Business: _____

Certificate of Insurance Provided: Self Insured: Exemption: (sole owner no employees)

Name of Policy Holder: _____

Policy Number: _____ Coverage Period Ends: _____

Address: _____

Federal/Employer Identification Number (EIN): _____

Signature: _____

Print Name: _____

III. Property Owner

Name: _____
Last / First / MI

Address: _____

Phone: _____ Fax: _____ Email: _____

IV. Emergency Contact Information

1st Name: _____

Address: _____
Last / First / MI

Emergency Contact Phone #: _____

2nd Name: _____
Last / First / MI

Address: _____

Emergency Contact Phone #: _____

V. Security System and Fire Alarm Information

1st Company Name: _____

Type Of Company: (security, alarm, sprinkler, etc.) _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

2nd Company Name: _____

Type Of Company: (security, alarm, sprinkler, etc.) _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

VI. Building Systems and Material Storage

Is this a fully sprinklered structure installed per NFPA 13 and maintained per NFPA 25? _____

Does this structure have an alarm system that meets or exceeds NFPA 72? _____

Does this structure have a Knox Box (key box) for after hour's emergency access? _____

Height of Material Storage? _____ Hazardous Materials Storage: (Yes) _____ (No) _____

If yes, list materials, quantity stored and size of largest container.

For Township Use Only

Building Description

Subdivision/Land Development: _____

Phase: _____ Lot #: _____ Tax Parcel #: _____

Stories below Grade: _____ Stories Above Grade: _____ Building Sq. Ft.: _____

International Fire Code Operational Permit Section(s): _____