



Office Use Only

Registration No. _____

Check No. _____

Date _____

**CONTRACTOR'S REGISTRATION
3 YEAR RENEWAL APPLICATION**

West Windsor Code 82-AA amended 6/24/19

Ordinance # 2019-19

APPLICATION FEE: \$125.00

Payable to: West Windsor Township

271 Clarksville Rd

West Windsor, NJ 08550

(609)799-8490

Class of Registration: _____

1. Applicant's Name: _____
(Officer of Corporation, Partner or Sole Proprietor)
2. Firm or Corporation Name: _____
3. Address of Principal Office: _____
4. Business Phone: _____
5. State in which Chartered: _____
6. Name and Addresses of all Officers and Partners: _____
7. Name and Addresses of all Directors: _____

**** Please Note****

A CERTIFICATE OF INSURANCE showing general liability coverage in an amount not less than \$25,000 must accompany this application.

This will certify that I/we have read and understand the ordinance to provide for the registration of building in the Township of West Windsor, County of Mercer, State of New Jersey, and all statement made on this application are true and correct.

APPROVED BY:

Construction Official

Date

Applicant's Signature

Date