

**CITY OF EASTLAKE BUILDING DEPARTMENT
35150 LAKESHORE BOULEVARD
EASTLAKE, OHIO 44095
440-951-1416 EXT. 117 FAX: 440-975-4280**

CONTRACTOR REGISTRATION

Type or print ALL information in ink. Applicant to complete both sides of this application. Incomplete applications will be returned and will delay processing. The Eastlake Building Department does not enforce deed restrictions, covenants, or subdivision regulations.

Company Name: _____ Owner/President Name: _____
 Address: _____ Business Phone: _____
 City _____ State: _____ Zip: _____ Social Security # _____
 Corporation Partnership Proprietorship Individual

COMPLETE THE FOLLOWING IF A CORPORATION:

President Name: _____ Federal I D #: _____
 Vice President Name: _____ Secretary Name: _____

<p>The following registration for contractors REQUIRES State Licensing. Attach copy and indicate number:</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Plumbing _____</p> <p><input type="checkbox"/> Fire Protection _____</p> <p><input type="checkbox"/> Refrigeration _____</p> <p><input type="checkbox"/> Hydronic _____</p> <p><input type="checkbox"/> HVAC _____</p>	<p align="center">General</p> <p align="center">SPECIFY ON BOND THE TRADE THAT YOU ARE ENGAGED IN</p> <p>EXAMPLE: GENERAL CONTRACTOR SPECIALIZING IN ROOFING, SIDING, CARPENTRY, ETC. ONLY (1) BOND IS REQUIRED AND (1) REGISTRATION FEE.</p> <p align="center">REGISTRATION FEE \$ 125.00</p>
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DEFINITIONS:

GENERAL CONTRACTOR: Any individual, firm, co-partnership, corporations, association or other organizations, or any combination thereof, who or which by himself or itself, or by or through others, construction, alters, repairs, adds to, subtracts from, reconstruction or remodels any building, structure or appurtenances thereto, or who to which undertake or offers to undertake, or purports to have the capacity to undertake or submits a bid to do so.

SUBCONTRACTOR: Any individual, firm, co-partnership, corporation, association or other organization, or any combinations thereof who or which by himself or itself or by or through others, undertake excavation, installation of foundations, constructs or installs any plumbing, H.V.A.C, electrical, roofing, siding, gutters, and downspouts, landscapes or participates in any phase of construction or purports to have the capacity to undertake or submits a bid to do so. All contractors or subcontractors shall be required to register with the Building Department according to the provisions of this Chapter 1309, as a condition of doing business in the City of Eastlake.

THE FOLLOWING IS A CHECKLIST OF THE REQUIRED FORMS AND INFORMATION:

- a. Complete and SIGN application
- b. \$15,000 bond with Power of Attorney (or Continuation Bond if a renewal)
- c. We do not have our own bond form Original required.
- d. Certification of insurance (Minimum \$500,000 Bodily & \$500,000 Property)
- e. City of Eastlake named as certificate holder.
- f. Bond term must be dated from date of registration through Dec 31 of the same year
- g. ~~\$105.00~~ registration fee \$125.00
- h. Current copy of State of Ohio Worker's Compensation Certification.
- i. Self addressed stamped envelope when applying through the mail.
- j. **DO NOT SEND CASH.** Make Checks Payable to: City of Eastlake

One application form may be used for multiple registrations. All heating, ventilation and air conditioning contractors, refrigeration contractors, electrical contractors, plumbing contractor and hydronics contractors shall provide the Building Department with copies of their Licenses from the State of Ohio. Contractors engaging in fire protection work shall provide copies of their certificate from the State Fire Marshall's Office.

Complete the following for all new or renewal general and subcontractor registrations:

What is the construction experience of the applicant? Years: _____

How many years in business under the present business name?

Did you own or operate another business in the past?

No Yes If YES Name of business: _____

Do you have any past or pending court actions regarding any businesses that you owned or operated?

No Yes If YES specify _____

Have you or an officer or partner ever fail to complete work that's been awarded to you or your company?

No Yes If YES specify in detail, include names addresses of parties involved, and reason for not completing work _____

Has your license ever been revoked or suspended?

No Yes If YES specify in detail, include city _____

List two other municipalities you are registered in _____

I have read and completed both sides of this application. The acceptance of this contractor registration herein applied for shall constitute an agreement on my/our part to abide by all conditions herein contained and also to comply with all ordinances set forth by the City of Eastlake, and the laws of the State of Ohio relating to the work to be done there under and said agreement is a condition of said registration. I also understand my registration may be revoked for failure to call for inspections.

Signature of:

OWNER/PRESIDENT: _____ **PRINT NAME:** _____

INDIVIDUAL: _____ **DATE:** _____

FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) _____

FILING STATUS: CORPORATION ESTATE/TRUST LLC NON-PROFIT PARTNERSHIP S-CORP. SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE

NAICS _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO
*IF YES COMPLETE REVERSE SIDE

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

CONTRACTOR INFORMATION

MUNICIPALITY _____
 ADDRESS OF CONSTRUCTION SITE _____

BUILDING PERMIT # _____
 TOTAL CONTRACT AMOUNT \$ _____

As the contractor, will your company be withholding local income tax from all employees on the job? YES NO

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL ID NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
<i>BO-102-1200 BCCO</i>						
<i>BO-102-1200 BCCO</i>						
<i>BO-102-1200 BCCO</i>						
<i>BO-102-1200 BCCO</i>						
<i>BO-102-1200 BCCO</i>						
<i>BO-102-1200 BCCO</i>						
<i>BO-102-1200 BCCO</i>						

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
 ATTN: BUSINESS REGISTRATION
 P.O. BOX 477900
 BROADVIEW HEIGHTS OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)
 COLUMBUS TOLL FREE: (866) 721-RITA (7482)
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332
 FAX (440) 526-3136

PRICES EFFECTIVE JAN. 1, 2016

Permits & Fees	2015 FEES	NEW 2016 FEES
Contractor Registration	\$100	\$125
Vacant Homes	\$150	\$300
Homeowners Base fee	\$0	\$25.00 plus permit cost
Permits:		
Fence	\$15	\$40
Garage	\$40	\$80
Pools	\$40 for all pool types	\$40 above / \$100 in ground
Sheds	\$25	\$40
Interior Alterations (Kitchen, bathroom & remodels)	\$40	\$80
Additions	\$60 + \$7 for every 100FT	\$100+\$7 for every 100FT
Base fees for Residential:		
Electric	\$25	\$50
Temp Poles	\$25	\$50
Plumbing	\$25	\$50
Heating	\$25	\$50
Apron only	\$20	\$25
Driveway w/ Apron	\$40	\$65
POS	\$100	\$300