

City of South Euclid  
Building Department  
1349 South Green Rd  
South Euclid, Ohio 44121  
Office: (216) 381-0400 Fax: (216) 291-4959  
Website: [www.cityofsoutheuclid.com](http://www.cityofsoutheuclid.com)

**IMPORTANT INFORMATION REGARDING  
2016 CONTRACTOR REGISTRATION**

November 2, 2015

Dear Contractor:

As we head into a new calendar year, I first want to thank all the contractors who have contributed to improving the housing and building structures through your improvements, additions or repairs. I also want to thank those that continually follow the policies of working in the City of South Euclid.

**Please note: Counter hours for the Building Department are from 8:00 am until 3:30 pm. On occasion the counter may be closed for lunch between 12:00 Noon – 1:00 PM due to a shortage of staff.**

- The 2016 Contractor Registration packet is available on-line. You can download the fillable application from the city website at <http://www.cityofsoutheuclid.com/building-housing/building-permits.html>. If you still want the City to mail or fax you a packet, please contact the Building Department at 216-381-0400 or you can pick one up at the counter.
- It is the responsibility of the contractor to have the approved plans on site. The inspectors have been instructed to walk off the job if the drawings are not there for review. You will be required to reschedule your inspection and may be subjected to reinspection fees.
- For fence post installations, acceptable backfilling material, garage construction details, test tee riser detail, asphalt, and roofing specifications, "*Information Bulletins*" are available at the Building Department or can be downloaded from the City website.

Our goal is to protect the residents and ensure that construction projects are being monitored and the building and housing codes are being followed.

Paul Kowalczyk, CBO, RA  
Building Commissioner

**City of South Euclid  
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November 2, 2015

**APPLICATION FOR CERTIFICATE OF 2016 CONTRACTOR REGISTRATION:**

Requirements to obtain a "Certificate of Contractor Registration" are as follows:

- The fee required to accompany the application is one hundred dollars (\$100.00) per trade.
  - The penalty for starting work prior to obtaining a "Certificate of Contractor Registration" is one hundred dollars (\$100.00).
  - Evidence of a current **License** issued by the Ohio Construction Industry Examining Board is required for registration as Plumbing, Electrical, HVAC, Refrigeration, and Hydronic contractors. **\*Per Senate Bill 78, license must include a company name.\***
  - Evidence of a current **License** issued by the Ohio State Department of Health is required for registration as asbestos, lead or radon abatement and/or testing contractors.
  - The amount of the Registration Bond is twenty thousand dollars (\$20,000.00).
  - General Liability Coverage Certificate.
  - Copy of valid Ohio driver's license.
  - Proof of current State of Ohio automobile coverage for the contractor's vehicle(s) for the period the contractor is registered to work in the City of South Euclid.**
- Self addressed stamped envelope** (not necessary if registering in person).

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**Insurance coverage requirements for contractor registration:**

Applications for a Certificate of Contractor Registration for the *calendar year 2015* are required to include a Certificate of Insurance indicating the required *General Liability* coverage limits with a 10-day cancellation notice.

**GENERAL LIABILITY COVERAGE. Provide only one of the following options.**

1. Certificates must provide evidence of general liability insurance for bodily injury in the amount of one million dollars/two million dollars (\$1,000,000.00/\$2,000,00.00) **and** for property damages in the amount of at least five hundred thousand dollars (\$500,000.00)

**Or**

2. Certificates must provide evidence of general liability coverage in the amount of one million dollars (\$1,000,000.00) *for each occurrence* **and** two million dollars (\$2,000,000.00) *general aggregate*.

**AUTO COVERAGE Provide the following.**

1. **Show proof of current State of Ohio automobile coverage for the contractor's vehicle(s) for the period the contractor is registered to work in the City of South Euclid.**

**\*\*The enclosed documents contain specific information and instructions. Please read each form completely and carefully.**

City of South Euclid  
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Phone: 216-381-0400  
Fax: 216-291-4959

Date: \_\_\_\_\_

## 2016 APPLICATION FOR CERTIFICATE OF CONTRACTOR REGISTRATION

APPLICANT \_\_\_\_\_ DBA \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number & Street City State Zip Code

PHONE \_\_\_\_\_ E-mail \_\_\_\_\_  
Business Cell Fax

FEDERAL I.D. # \_\_\_\_\_

Check the trade for which the application is being made:

- GENERAL BUILDING TRADES
- ELECTRICAL
- HVAC
- PLUMBING
- FIRE SUPPRESSION
- HYDRONIC
- RIGHT-OF-WAY WORK
- OTHER \_\_\_\_\_

### AUTHORIZED AGENTS

Agent # 1 : \_\_\_\_\_

Agent # 2 : \_\_\_\_\_

Agent # 3 : \_\_\_\_\_

List three authorized agents whom are able to obtain permits under your company's name. Authorized agents must be employed by your company.

**\*\*ALL REGISTRATIONS EXPIRE ON DECEMBER 31<sup>st</sup> OF EACH YEAR.**

I hereby indicate that all of the information is true to the best of my knowledge, that I am at least 18 years of age, able to interpret construction plans and specifications, and able to comply with the requirements of the City of South Euclid Code of Ordinances.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Signature of Applicant

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Commissioner

Date \_\_\_\_\_

**CITY OF SOUTH EUCLID**  
**2016 REGISTRATION BOND**

**KNOW ALL MEN BY THESE PRESENTS, that** \_\_\_\_\_  
doing business as principal, hereinafter referred to as the principal, and, \_\_\_\_\_  
as surety, hereinafter referred to as the surety, are held and firmly bound unto the **City of South Euclid**, in the  
sum of Twenty Thousand Dollars (\$20,000) for payment of which, well and truly to be made we bind  
ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these  
presents. Witness our hand and seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The conditions of the above obligations are such that:

Whereas, the said principal made application to the **City of South Euclid** for a Certificate of Registration as a  
contractor to engage in the business of:

- |                               |  |
|-------------------------------|--|
| _____ General Building Trades | _____ HVAC                                 |
| _____ Plumbing                | _____ Electrical                           |
| _____ Hydronics               | _____ Fire Suppression                     |
| _____ Right-of-Way Work       | _____ Other, provide details on line below |

within the **City of South Euclid** during the calendar year of 2016 in accordance with the provisions of Chapter  
1307 of the Code of Ordinances of the **City of South Euclid**.

Now therefore, if the said principal shall faithfully observe all the duties and discharge all the obligations incurred by him  
during said registration period under the ordinances of the **City of South Euclid** applying to the construction, alterations,  
repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto, or  
any part thereof, and the ordinances applying to underground construction and/or work within the public right of way, and  
all the lawful orders of the **City of South Euclid**, issued under said ordinances, then this obligation shall be void,  
otherwise, the same shall be and remain in full force and effect; the undersigned agreeing and consenting that this  
undertaking shall be for the benefit of any party damaged by the principal's failure to comply with the duties, terms,  
conditions, provisions and requirements of the ordinances of the **City of South Euclid** applying to such work and the  
lawful orders of the **City of South Euclid** issued under such ordinances, as well as for the benefit of the obligee herein,  
and either or both may bring action on the bond, but said action must be commenced within two years after expiration of  
the principal's registration.

**SEAL**

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
SURETY  
(SIGNATURE OF AGENT EXECUTING BOND)

NOTE: ATTACH POWER OF ATTORNEY  
(If this Bond is executed by any agent for a Principal or a Surety, such Agent must affix a copy of his  
Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident  
corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached  
hereto).



www.ritaohio.com

BUSINESS REGISTRATION FORM 48

SOUTH EUCLID MUNICIPALITY

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: \_\_\_\_\_

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

CLEVELAND LOCAL: (440) 528-0800
FAX: (440) 528-3186

COLUMBUS LOCAL: (614) 588-0612
TDD: (440) 528-5832

YOUNGSTOWN LOCAL: (330) 743-3400
TOLL FREE: 1-(800) 880-RITA (7482)

440-526-3136