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

IMPORTANT INFORMATION REGARDING
2020 CONTRACTOR REGISTRATION

November 1, 2019

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.

- Registration can now be completed on-line through our on-line portal at citizenserve.com/southeuclid. Registration can be completed on-line. Follow the link for License/registration to create an account and register as a contractor.
  ****Original Bond Form with signatures and seal must be mailed to or dropped off at the Building Department to complete your Registration. ****
- The 2020 Contractor Registration packet is available on-line. You can download the application from the city's website at https://www.cityofsoutheuclid.com/building-housing/building-information-permits-forms/.
- 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 subject to re-inspection 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.

Laura Heilman, CBO
Building Commissioner

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APPLICATION FOR CERTIFICATE OF 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).

<u>Insurance coverage requirements for contractor registration:</u>

Applications for a Certificate of Contractor Registration for the *calendar year 2020* are required to include a Certificate of Insurance indicating the required *General Liability* coverage limits with a 10-day cancellation notice.

<u>GENERAL LIABILITY COVERAGE.</u> *Provide <u>only one</u> 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.*

<u>AUTO COVERAGE</u> ***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
Department of Building
1349 South Green Road
South Euclid, Ohio 44121-3985
Website: www.cityofsoutheuclid.com

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Fax: 216-291-4959

Date: _____

2020 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 31st 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_____

BOND NO._____
(REQUIRED)

CITY OF SOUTH EUCLID
2020 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 2020 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).

E-FILE REGIONAL INCOME TAX AGENCY 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) 526-0900
FAX: (440) 526-3136
440-526-3136

COLUMBUS LOCAL: (614) 538-0512
TDD: (440) 526-5332

YOUNGSTOWN LOCAL: (330) 743-3400
TOLL FREE: 1-(800) 860-RITA (7482)