

# *Olmsted Township*

## Building Department

26908 Cook Road

Olmsted Township OH 44138

(440) 235 – 4225

Website: [olmstedtownship.org](http://olmstedtownship.org)

### **CONTRACTOR REGISTRATION REQUIREMENTS**

|   |   |
|---|---|
| APPLICATIONS:   | Contractor registration applications must be completed. Include a self-addressed stamped envelope. Incomplete applications will be returned unapproved.   |
| APPLICATION FEE:  | \$ 100.00 per calendar year, per trade (additional \$100 penalty fee for working without registration)  |
| TERM OF RESITRATION:  | All registrations expire at the end of the calendar year.   |
| BOND:   | \$ 10,000.00 on Olmsted Township Bond Form  |
| CERTIFICATE OF INSURANCE:                                   | A certificate of Insurance showing OLMSTED TOWNHSIP as certificate holder and additional insured: amount \$300,000 per occurrence for bodily injury and for property damage, \$600,000 general aggregate and \$600,000 for products completed operations general aggregate. |
| PLUMBING, HVAC, ELECTRICAL and FIRE PROTECTION CONTRACTORS: | A copy of your Certificate of Competency issued by Ohio.  |
| AUTHORITY   | Only those names listed as authorized agents may obtain permits.<br>(No Exception)  |
| BUILDING CODES:   | All work must be performed according to the Building Codes of Olmsted Township and the State of Ohio.   |
| PERMITS:  | Permits must be obtained and posted at job site before work begins. If a contractor begins work before obtaining a permit, penalty fees will be assessed.   |
| PERMIT HOURS:   | You may obtain permits and/or register at the Building Department Monday thru Friday from 8:00 am to 2:00 pm or by mail with a check made payment to Olmsted Township.  |

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Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Business Fax: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Federal Id # or Social Security #: \_\_\_\_\_

\_\_\_\_ Partnership    \_\_\_\_ Corporation    \_\_\_\_ Sole Proprietorship

Owner, Managing Partner, President or Statutory Agent Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

### Fee \$100.00 per Trade (Please circle one)

|                      |                    |                       |                    |
|----------------------|--------------------|-----------------------|--------------------|
| Alarm                | Electrical         | Insulation            | Siding             |
| Asbestos Abatement   | Excavating         | Landscaping           | Sign               |
| Asbestos Testing     | Exterior Painting  | Lead Abatement        | Sprinkler-Lawn     |
| Asphalt              | Fence              | Lead Testing          | Structural Steel   |
| Carpentry-Finish     | Fire Alarm         | Masonry               | Swimming Pool      |
| Communication Wiring | Fire Protection    | Radon Abatement       | Telecommunications |
| Concrete             | General Contractor | Refrigeration         | Waterproofing      |
| Demolition           | Gutter             | Roofing – Residential | Other: _____       |
| Drywall              | HVAC               | Roofing – Commercial  | _____              |

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### APPLICATION MUST INCLUDE THE FOLLOWING SUPPORTIVE DOCUMENTS:

1. Liability insurance in the amount of \$300,000 per occurrence for bodily injury and for property damage.  
\$600,000 general aggregate and \$600,000 for products completed operations general aggregate.  
Olmsted Township must be noted as an additionally insured and certificate holder.
2. Contractor's Bond in the amount of \$10,000 on Olmsted Township's Bond Form.
3. Copies of current state registration if you are registering as a plumber, electrician, sprinkler, or HVAC contractor.
4. Copy of owner's Driver's License

**PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE  
REGISTRATION MUST BE FILLED OUT COMPLETELY AND INCLUDE THESE  
DOCUMENTS OR IT WILL NOT BE PROCESSED.**

I acknowledge that this registration requires that my company abide by the laws of Olmsted Township and State of Ohio including all adopted codes; furthermore, I swear that all information submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner/Managing Partner/President/Statutory Agent

\_\_\_\_\_  
Printed Name

The following individuals are authorized to act as signatory agent(s) on behalf of the Company.

1. \_\_\_\_\_  
Signature Printed Name

2. \_\_\_\_\_  
Signature Printed Name

3. \_\_\_\_\_  
Signature Printed Name