

To All Contractors

From the Building Department of Avon Lake:

Please read the following for changes in our registration process.

1. There will no longer be General or Sub contractor designations, only "Contractor".
2. The fee to be registered as a Contractor is now \$100.00 for each year expiring on Dec.31st.
3. The surety bond has been increased to \$15,000.
4. A current, valid Ohio Construction Industry Licensing Board (O.C.I.L.B.) license is required for all contractors performing Electrical, Plumbing, Hydronics, HVAC and/or Refrigeration work on any Residential or Commercial job in the City of Avon Lake.
5. Any Contractor found doing work in Avon Lake without first being registered will pay a double registration fee.
6. Anyone found doing work in Avon Lake before a valid permit has been issued will pay a double permit fee.
7. There are now resubmittal fees for all commercial plan reviews that are resubmitted for plan review. Each resubmittal constitutes a new fee to cover the extra plan review costs to the City of Avon Lake.
8. You may go on-line to down load a copy of the Contractor Registration and appropriate Residential or Commercial Permit form.

Thank You,

Tom Carleton, CBO

City of Avon Lake
Building Department
(440) 930-4102

CITY OF AVON LAKE

Building Department
750 Avon Belden Road, Avon Lake, OH 44012
Telephone: (440) 930-4102
Fax: (440) 930-4111

Thomas F. Carleton, Building Official

Greg Zilka, Mayor

DEAR CONTRACTOR:

Your registration as a contractor in the City of Avon Lake expires December 31 each calendar year.

→ **YOU MUST REGISTER EVERY YEAR PRIOR TO DOING ANY WORK IN THE NEW YEAR!** ←

ALL OF THE FOLLOWING ITEMS MUST BE INCLUDED TO COMPLETE YOUR REGISTRATION WITH THE CITY OF AVON LAKE

1. **APPLICATION FOR REGISTRATION**
2. **CONTRACTOR'S BOND** (be sure to sign it and submit original only)
 - **Must be on the city's form**
 - **No Continuation Certificates accepted**
 - **CONTRACTOR MUST SIGN with an ink signature and submit the original bond that has the insurance company's embossed, digitized or sticker seal and return with registration**
3. **CERTIFICATE OF INSURANCE** with the City of Avon Lake as certificate holder
4. **A current, valid O.C.I.L.B. LICENSE** if you are working as an Electrical, Plumbing, Hydronics, HVAC, or Refrigeration contractor. This applies for residential or commercial work.
5. **R.I.T.A. FORM**
6. **REGISTRATION FEE IS \$100.00**

All Contractors must have a \$15,000 bond on the City's form. All Contractors must have a minimum of \$50,000 property, \$100,000/\$300,000 bodily injury/wrongful death insurance. Contractors working in the right-of-way need \$1,000,000 umbrella coverage. Any construction or alteration in the right-of-way must have approval by the Municipal Engineer or Service Director.

REGISTRATION MAY BE REVOKED FOR:

1. Misrepresentation of a material fact by the applicant in obtaining a certificate of registration and qualification.
2. Use of a certificate of registration and qualification in obtaining a permit for another.
3. Faulty or defective workmanship.
4. Departure from or disregard of plans and specifications filed with the application for a permit.
5. The non-compliance with or violation of any provision or regulation of the building or zoning codes or rules and regulations promulgated thereunder.

ALL WORK SHALL COMPLY WITH THE CURRENT EDITION OF THE APPLICABLE CODES (O.B.C., O.M.C., O.P.C., N.E.C., RESIDENTIAL CODE OF OHIO), AND ORDINANCES GOVERNING SUCH WORK. IT IS THE CONTRACTORS RESPONSIBILITY TO BE AWARE OF ALL CURRENT CHANGES IN THE CODES, AS THEY WILL BE ENFORCED.

A COPY OF APPROVED PLANS SHALL BE KEPT ON THE SITE OF THE BUILDING OR WORK AT TIME OF INSPECTION. ALL SITES MUST BE PROPERLY IDENTIFIED WITH AN ADDRESS AND ALSO THE SUBLOT NUMBER IF NEW CONSTRUCTION.

2016

CITY OF AVON LAKE



APPLICATION FOR REGISTRATION

(please type or print)

FULL COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRESIDENT or OWNER (name to appear on registration certificate): _____

FEDERAL TAX I. D. NO. _____ ← (Federal I.D. or Social Security Number)

TELEPHONE NUMBER: _____ CELLULAR NUMBER: _____

FAX NUMBER: _____ E-MAIL: _____

CONTRACTORS: PLEASE CHECK ANY OF THE FOLLOWING THAT REPRESENT THE TYPE OF WORK PERFORMED BY YOUR COMPANY.

- | | |
|---|---|
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> INSULATION |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> IRRIGATION SYSTEMS |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> PATIO (PAVERS) |
| <input type="checkbox"/> FENCES /ACCESSORY STRUCTURES | <input type="checkbox"/> POOLS |
| <input type="checkbox"/> PAVING | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CARPENTRY / FRAMING | <input type="checkbox"/> SECURITY/COMMUNICATION SYSTEMS |
| <input type="checkbox"/> CONCRETE / MASONRY | <input type="checkbox"/> SIDING / WINDOWS (NEW) |
| <input type="checkbox"/> EXCAVATION / DEMOLITION | <input type="checkbox"/> SIGNS |
| <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> STEEL ERECTION |
| <input type="checkbox"/> GLAZING | <input type="checkbox"/> SEWER / WATERPROOFING |
| | <input type="checkbox"/> OTHER _____ |

(please note type)

DATE: _____ APPLICANT'S SIGNATURE: _____

**** ENCLOSE A STAMPED, SELF-ADDRESSED ENVELOPE FOR RETURN MAIL****

FOR OFFICE USE ONLY:

REGISTRATION NUMBER: _____

PAID BY: _____

DATE ENTERED: _____

DATE PAID:

Bond Number: _____

**CONTRACTORS' BOND
CITY OF AVON LAKE**

KNOW ALL MEN BY THESE PRESENTS, THAT _____
As principal and _____ as surety are held and firmly bound unto the City of Avon Lake, or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure or appurtenance thereto or any part thereof, in accordance with the provisions and the requirements of the Building Code of the City of Avon Lake, in the sum of Fifteen Thousand Dollars (\$15,000.00), for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly from these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH, that whereas the above _____ has made application to the Building Inspector for Registration and Licensing as a _____ Contractor in the City of Avon Lake for the term beginning _____, 20____ and ending December 31, 2016.

NOW THEREFORE, if the said _____ shall well and truly indemnify, keep and save harmless the City of Avon Lake, or any of its agents or officials for the use of any person, persons, firm, or corporation with whom such contractor shall contract to do work, and shall indemnify and pay any such person, firms or corporations for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Building Code of Avon Lake and amendments thereto, and any and all lawful rules and regulations promulgated under the authority thereof, and all lawful orders of the City Building Inspector and Zoning Inspector, and from or by reason or on account of anything done under and by virtue of any permits issued under such registration for the doing of any work required to be done in the construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto or any part thereof then this obligation shall be null and void; otherwise, to remain in full force and effect.

IN WITNESS WHEREOF, this bond has been signed by our duly authorized representatives on the _____ day of _____, _____.

PRINCIPAL

BY

SURETY

BY

REGIONAL INCOME TAX AGENCY

BUSINESS REGISTRATION FORM 48

CITY OF AVON LAKE

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)

PLEASE CHECK YOUR FILING STATUS: SOLE PROPRIETOR PARTNERSHIP NON-PROFIT CORPORATION

LOCAL 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: _____ PHONE: (____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS
BUSINESS NAME: _____ PHONE: (____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY S.I.C. CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

S.I.C. _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NONCLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE SUB-CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO

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

APPROXIMATE NUMBER OF EMPLOYEES: _____ APPROXIMATE MONTHLY GROSS PAYROLL: _____

PLEASE CONTACT OUR BUSINESS REGARDING A VOLUNTARY RESIDENCE WITHHOLDING PROGRAM. YES NO

SEND WITHHOLDING TAX FORM 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 THE 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: _____