

To All Contractors:

From the Avon Lake Building Department:

Please read the following for changes in our registration process.

1. The fee to be registered as a Contractor is \$100.00 for each year expiring on December 31.
2. The surety bond amount is \$15,000.
3. 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.
4. Worker's Compensation certificate is required.
5. A Certificate of Insurance naming the City of Avon Lake Certificate Holder.
6. Any Contractor found doing work in Avon Lake without first being registered will pay a double registration fee.
7. Anyone found doing work in Avon Lake before a valid permit has been issued will pay a double permit fee.
8. 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.
9. You may go on-line to download 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 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

1. APPLICATION FOR CONTRACTOR REGISTRATION
2. **\$15,000.00 CONTRACTOR'S BOND (be sure to sign it and submit *original only*)**
 - Must be on the city's form or resemble 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
Minimum of \$500,000 liability insurance
4. A COPY OF WORKER'S COMPENSATION INSURANCE CERTIFICATE
5. If you are working as an Residential or Commercial Electrical, Plumbing, Hydronics, HVAC, or Refrigeration contractor, a copy of your current, valid O.C.I.L.B. LICENSE.
6. R.I.T.A. FORM
7. 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 Public Works 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.

2022

City of Avon Lake



Application for Contractor 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"/> IRRIGATION SYSTEMS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> PATIO (PAVERS) |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> POOLS |
| <input type="checkbox"/> FENCES /ACCESSORY STRUCTURES | <input type="checkbox"/> REMODELING |
| <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"/> INSULATION | |

OTHER _____

(please note)

DATE: _____ APPLICANT'S SIGNATURE: _____

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

FOR OFFICE USE ONLY:

REGISTRATION NUMBER: _____

PAID BY: _____

DATE ENTERED: _____

DATE RECEIVED:

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, 2022.

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



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: