

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149
APPLICATION FOR REGISTRATION INSTRUCTIONS

These instructions are available at www.strongsville.org or call us at 440-580-3105.

All persons/companies doing work in the City of Strongsville must be registered with the City. Enclosed are your registration application forms. **THE BOND FORM MAY BE DOWNLOADED FROM STRONGSVILLE.ORG BY YOUR INSURANCE COMPANY TO COMPLETE.** Do not fax or duplicate the bond form. **A General Trades Contractor registration does not cover Electrical, Fire Alarm / Fire Suppression, HVAC or Plumbing.**

1. Every applicant for registration shall furnish and file with the Building Department a bond in the penal sum of Ten Thousand Dollars (\$10,000.00). Your insurance company must place their seal on our bond form. The registration is good for one year from the date the bond is issued. **Do not fax the bond form to your insurance company. No Continuation Certificates will be accepted.**
2. Your insurance company must attach the Certificate of Insurance with limits of no less than Five Hundred Thousand Dollars (\$500,000.00) per occurrence, One Million Dollars (\$1,000,000.00) aggregate. We are to be listed as the Certificate Holder **not** Additional Insured.
3. Complete the Regional Income Tax Agency form. Questions may be referred to the Regional Income Tax Agency.
4. **ATTACH A COPY OF THE DRIVER'S LICENSE OR STATE ID OF THE PERSON SIGNING THE BOND AND APPLICATION.**
5. Attach a check or money order payable to the City of Strongsville for \$100.00 for ALL types of registrations.
6. Fill in the forms COMPLETELY. Do not leave any lines blank. "Renewal" is not an acceptable answer. **Incomplete forms will be returned to you.**
7. **Mail all of this information together or apply online (no need to mail us the paperwork if you apply online).**
8. All Electrical, Fire Alarm / Fire Suppression, HVAC, Refrigeration, Plumbing and/or Hydronic contractors **must** provide a copy of their State of Ohio license certificate.

After your registration paperwork is processed, we will mail a certificate to you **(if a self-addressed stamped envelope is provided with your submission)** OR email it to you if you provide an email address. **You are responsible for obtaining a building permit for each address you work at in the City of Strongsville. If you are a sub, the general may have applied for the building permit. Call us before you begin working to see whether the general contractor you are working with obtained a building permit.**

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149
APPLICATION FOR REGISTRATION

This form is available at www.strongsville.org or call us at 440-580-3105.

PLEASE PRINT:

I _____ do hereby make application for a license to operate as a _____ contractor
(Officer or principal listed below) (Trade)

within the corporation limits of Strongsville, Ohio and I am the authorized representative of _____
(Company name)

Located at _____
(Full business mailing address)

EMAIL ADDRESS _____ CELL # (_____) _____

OFFICE PHONE # (_____) _____ FAX # (_____) _____

The following are officers or principals in the above-named company (one of which must sign below and must sign bond):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List your experience and training, which qualifies you (your company) for a license: state special training, last employment or business association, years of experience at the trade, etc.:

Do you have a State of Ohio license in Electrical, HVAC or Plumbing? _____ If yes, attach copy of license.

List municipal licenses you currently hold: LICENSE # DATE ISSUED

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

I do hereby certify that I will abide by the provisions of the Strongsville Codified Ordinances, that I am fully aware of the requirements of the same particularly the Zoning, Building, Fire and Maintenance Codes of the City. I further certify that I am fully aware of and have reviewed the provisions of the Strongsville Codified Ordinances dealing with requirements of obtaining building permits. I further understand that any misrepresentation of data or facts or violation of the Ordinances of the City of Strongsville are cause for refusal, suspension or revocation of this license if issued.

THIS APPLICATION MUST BE RETURNED WITH A STRONGSVILLE BOND FORM, COPY OF DRIVER'S LICENSE OR STATE ID, RITA FORM, CERTIFICATE OF INSURANCE, AND LICENSE FEE OF **\$100.00 IN CHECK OR MONEY ORDER** PAYABLE TO THE **CITY OF STRONGSVILLE, 16099 FOLTZ PARKWAY, STRONGSVILLE, OHIO 44149.**

SIGNATURE OF PRINCIPAL OR OFFICER LISTED ABOVE

BUILDING COMMISSIONER SIGNATURE

DRIVER'S LICENSE OR STATE ID **STATE** : _____ (ATTACH COPY OF ID OF OFFICER OR PRINCIPAL WHO IS SIGNING)

DRIVER'S LICENSE OR STATE ID **NUMBER** : _____ (ATTACH COPY OF ID OF OFFICER OR PRINCIPAL WHO IS SIGNING)

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149
HEATING, VENTILATION AND AIR CONDITIONING CONTRACTOR BOND
This form is available at www.strongsville.org or call us at 440-580-3105

bond# _____

KNOW ALL MEN BY THESE PRESENTS: That we, _____, as Principal, and the _____, as Surety, are held and firmly bound unto the City of Strongsville, Ohio, or to any of its officers, for the use of any persons, firms or corporations with whom such Principal shall hereafter contract as a **HEATING, VENTILATION AND AIR CONDITIONING CONTRACTOR(HVAC)** to do work in the construction, installation and/or alteration of heating units, and air-conditioning units, where such units are integral parts of any or all **HVAC, REFRIGERATION, HYDRONIC SYSTEMS** in Residential, Commercial, Industrial or Public Occupancies in accordance with the provisions and requirements of Titles Two, Four and Six of Part Fourteen of the Codified Ordinances of the City of Strongsville, Chapter 1422 and Amendments thereto in the penal sum of **Ten Thousand and 00/100 Dollars (\$10,000.00)**, lawful money of the United States, 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 by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that whereas the above _____ has made application to the Building Commissioner for registration and licensing as a **HEATING, VENTILATION AND AIR CONDITIONING CONTRACTOR(HVAC)** to engage in the business of construction, installation and/or alteration of heating units, and air-conditioning units where such units are integral parts of said **HVAC, REFRIGERATION, HYDRONIC SYSTEMS** as required by the Building Code of the City of Strongsville during the term beginning _____, _____ (year) and ending ONE YEAR AFTER BEGINNING DATE OF BOND.

NOW, THEREFORE, if the said _____ shall well and truly indemnify, keep and save harmless the City of Strongsville, Ohio or any of its Agents or Officials and shall indemnify and pay any persons, firms or corporations for damages sustained on account of the failure of such contractors to perform work contracted for in accordance with the provisions of Titles Two, Four and Six of Part Fourteen of the Codified Ordinances of the City of Strongsville, Chapter 1422 and Amendments thereto, and any and all lawful rules and regulations promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of any permits issued under any such registration or licensing as a **HEATING, VENTILATION AND AIR CONDITIONING CONTRACTOR(HVAC)** for the performance of any work required to be done in the construction, installation and/or alteration of heating units, and air-conditioning units where such units are integral parts of any or all **HVAC, REFRIGERATION, HYDRONIC SYSTEMS** in Residential, Commercial, Industrial or Public Occupancies with necessary appurtenances thereto, then this obligation shall be null and void, otherwise, to remain in force and effect.

SEAL MUST BE PLACED ON THIS BOND

WITNESS our hands and seals this _____ day of _____, _____ (year).

TO BE SIGNED BY PRINCIPAL

INSURANCE COMPANY

RESIDENT ADDRESS

ATTORNEY-IN-FACT (MUST BE SIGNED)

CITY STATE ZIP

OFFICE ADDRESS

(ABOVE INFORMATION MUST BE COMPLETED IN FULL)

CITY STATE ZIP

PHONE

FORM 48

Regional Income Tax Agency
Business Registration Form



800.860.7482
TDD 440.526.5332
ritaohio.com

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____ Federal ID #: _____
 Address: _____ SSN : _____
(required if sole proprietorship)
 City/State/Zip: _____
 Mailing Address (for withholding tax forms / if different from above) _____
 Mailing Address (for net profit tax forms / if different from above) _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- Calendar year
- Fiscal year / month ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No
If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) Yes No

Contractors

I am a contractor Yes No
 Will you be using sub-contractors? Yes No
 If yes, complete page 2.
 Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____ Title _____ Phone Number _____
 Signature _____ Date ____/____/____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.526.3136