

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

These instructions are available at [www.strongsville.org](http://www.strongsville.org) or call 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 AT THE BUILDING DEPARTMENT LINK 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 even if you know that you are already registered with Rita. Questions about how to complete the form may be referred to the Regional Income Tax Agency.
4. Attach a check or money order payable to the City of Strongsville for \$100.00 for each type of registration that you are applying for.
5. Fill in the forms COMPLETELY. Do not leave any lines blank. "Renewal" is not an acceptable answer. **Incomplete forms will be returned to you.**
6. Mail all of this information together or apply online. To apply for a new registration online go to Strongsville.org to the Building Department link. To renew your registration online please sign into your MyGov account and click "Renew Registration". If your registration has been expired for 60 days or more you would need to call us so that we can change your registration to renew status.

There is no need to mail us the paperwork for any online submittals.

A Building Department staff member must review the online application and forms prior to your payment. You will be notified when a payment can be made when you apply online or renew online.

7. All Electrical, Fire Alarm / Fire Suppression, HVAC, Refrigeration, Plumbing and/or Hydronic contractors must provide a copy of their State of Ohio license certificate.

When your registration paperwork is processed after payment, 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 subcontractor, 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](http://www.strongsville.org) or call 440-580-3105.

**PLEASE PRINT:**

I \_\_\_\_\_ do hereby make application for a license to operate as a \_\_\_\_\_  
(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. _____ |

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

List other licenses you currently hold with other cities/counties:

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, 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

**CITY OF STRONGSVILLE**  
**BUILDING INSPECTION DEPARTMENT**  
16099 Foltz Parkway, Strongsville, Ohio 44149  
**PLUMBING CONTRACTOR BOND**

bond # \_\_\_\_\_

This form is available at [www.strongsville.org](http://www.strongsville.org) or call 440-580-3105

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 **PLUMBING CONTRACTOR** to do work in the construction, installation and/or alteration of any or all **PLUMBING DEVICES AND/OR PLUMBING/SEWER 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 **PLUMBING CONTRACTOR** to engage in the business of construction, installation and/or alteration of any or all **PLUMBING DEVICES AND/OR PLUMBING/SEWER 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 **PLUMBING CONTRACTOR** for the performance of any work required to be done in the construction, installation and/or alteration of any or all **PLUMBING DEVICES AND/OR PLUMBING/SEWER SYSTEMS** in Residential, Commercial, Industrial or Public Occupancies, 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  
(ABOVE INFORMATION MUST BE  
COMPLETED IN FULL)

\_\_\_\_\_  
OFFICE ADDRESS

\_\_\_\_\_  
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**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit            |
| <input type="checkbox"/> S-Corp      | <input type="checkbox"/> Estate & Trust        |
| <input type="checkbox"/> LLC         | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> Partnership |  |

**Reason for Registration**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Courtesy withholding for an employee's resident municipality |
| <input type="checkbox"/> | Doing business within the municipality this year (temporary) |
|                          | Approx. # of days _____ Start Date _____                     |
| <input type="checkbox"/> | 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 : _____ <small>(required if sole proprietorship)</small>
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