

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 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 IWORQ 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

bond # _____

CONTRACTOR BOND

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

KNOW ALL MEN BY THESE PRESENTS: That we, _____ (Business Name),
as Principal, and the _____ (Insurance Company), 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 _____ (Contractor Type) to
do work in the construction, installation and/or alteration of 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
_____ (Business Name) has made application to the Building
Commissioner for registration and licensing as a _____ (Contractor Type) to engage in the
business of construction, installation and/or alteration 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 _____ (Business Name) 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 _____ (Contractor Type) for the performance of any work
required to be done in the construction, installation and/or alteration in Residential, Commercial, Industrial or Public
Occupancies within the City of Strongsville, 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

PRINCIPAL 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

- | | |
|--------------------------------------|--|
| <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

- ☐ 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 : _____ <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