

**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 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.** If you need a different type of bond form for work you will be doing, please contact the Building Department or visit our website at [www.strongsville.org](http://www.strongsville.org) under the Building Department link to print off the registration packet. A General Contractor's registration does not cover cement, electrical, HVAC, plumbing, excavating/earth moving/sewer, masonry, landscaping, swimming pool or tree service work.

1. **YOUR CERTIFICATE WILL BE MAILED TO YOU OR EMAILED TO YOU. ATTACH COPY OF DRIVER'S LICENSE OR STATE ID OF THE PERSON SIGING THE BOND AND APPLICATION.**
2. 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.**
3. Your insurance company must attach the Certificate of Insurance. We are to be listed as the Certificate Holder **not** Additional Insured.
4. Attach a check or money order payable to the City of Strongsville for \$100.00 for ALL types of registration or pay by credit card for \$103.00.
5. Complete the Regional Income Tax Agency form. Questions can be referred to the phone number at the bottom of the form.
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. All Electrical, HVAC, Refrigeration, Plumbing and/or Hydronics contractors **must** provide a copy of their State if Ohio license certificate.
8. **Mail all of this information together or apply online (no need to mail us the paperwork if you apply online).**

**Sign** the bond, the RITA form and the registration application. After your registration paperwork is processed, we will mail a certificate to you in the envelope you provided 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  
**SIDING CONTRACTOR BOND**

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

This form is available at [www.strongsville.org](http://www.strongsville.org) or call us at 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 **SIDING CONTRACTOR** to do work in the installation, remodeling, setting, repairing or replacing of SIDING in dwelling houses, garages, barns, sheds, or shelters; commercial, industrial or public buildings or structures; public or commercial recreational buildings, structures or areas; and all appurtenant buildings, structures or areas of any of the foregoing 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 **Five Thousand and 00/100 Dollars (\$5000.00)**, 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 **SIDING CONTRACTOR** in dwelling houses, garages, barns, sheds, or shelters; commercial, industrial or public buildings or structures; public or commercial recreational buildings, structures or areas; and all appurtenant buildings, structures or areas of any of the foregoing with necessary appurtenances 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 **SIDING CONTRACTOR** for the performance of any work required to be done in the installation, remodeling, setting, repairing or replacing of **SIDING** in dwelling houses, garages, barns, sheds or shelters; commercial, industrial or public building or structures; public or commercial recreational building, structures or areas; and all appurtenant buildings, structures or areas of any of the foregoing 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

FOR INTERNAL USE ONLY:  
LICENSE NUMBER \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_

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

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**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 \_\_\_\_\_  
located at \_\_\_\_\_ (company name)  
(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:**

	<b>LICENSE #</b>	<b>DATE ISSUED</b>
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 OR PAY BY CREDIT CARD FOR \$103.00.**

\_\_\_\_\_  
**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)



www.ritaohio.com

# BUSINESS REGISTRATION FORM 48

MUNICIPALITY \_\_\_\_\_

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: \_\_\_\_\_

**REGIONAL INCOME TAX AGENCY**  
ATTN: BUSINESS REGISTRATION  
P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE:  
(800) 880-RITA (7482)

COLUMBUS TOLL FREE: (600) 721-RITA (7482)  
TDD: (440) 526-5332

YOUNGSTOWN TOLL FREE: (860) 750-RITA (7482)  
FAX: (440) 526-3136