

**VILLAGE OF SOUTH RUSSELL
DEPARTMENT OF BUILDING AND ZONING
5205 CHILLICOTHE ROAD
SOUTH RUSSELL, OH 44022
(440) 338-6700 FAX 338-1606**

Registration Requirements: It is the requirement of this State Certified Building Department that all contractors or sub trades through the structural stages of building be licensed or registered to do work for the year in which this takes place, prior to commencement of any work.

Complete and return the enclosed application with the following requirements:

- 1) Name of company, address, etc.
- 2) Name of principal (officer) of the company.
- 3) Federal identification and/or social security number used to file your taxes.
- 4) Show the number of years in business, experience, etc.
- 5) List other valid registrations.
- 6) List names, addresses, telephones for three customers you have performed similar work for.
- 7) List your insurance agent's name & address & the insurance company & coverage you have.
- 8) Signature by a principal (officer) and notarized.
- 9) **Attach:** An original certification of insurance to So. Russell from your agent. We are to be named as additionally insured. We accept an interim faxed copy if it is faxed direct to our office from your agent. Please have your agent follow up with a hard copy by mail. We do not accept copies of certifications or policies faxed from the contractor. Insurance required in the amount of 300/500,000 bodily injury, premises and product liability, plus 100,000 completed operations, or 500,000 combined single limit, whichever is more economical; or an umbrella covering same. Include the policy number, and the effective and expiration dates of policy. **BINDER'S ARE NOT ACCEPTABLE.** Form should include name, address, and telephone number of agent, and the company through which it is in force. Post office box numbers are not acceptable. Notification to South Russell is to be made within ten days of cancellation or non-payment by the agent.
- 10) **Attach:** A current valid registration from another municipality. State license copies are also required where applicable.
- 11) **Attach:** A copy of your State Workman's Compensation certificate.
- 12) Include the required fee of \$100.00 for each registration type.
- 13) Complete and attach the "Business Withholding Registration" form from Central Collection Agency, the Village's Taxing Agent.
- 14) **Attach bond form** completed by your insurance company.

VILLAGE OF SOUTH RUSSELL
5205 Chillicothe Road South Russell, OH 44022
(440)338-6700 FAX:(440)338-1606

REGISTRATION APPLICATION

#R: _____

Company Name

Principle's Name

Street Address

City

State

Zip

and/or

Federal I.D.#

Social Security #

Business #

Fax #

APPLICATION FOR:

General Contractor

HVAC

Electrician

Structural Steel

Rough Carpenter

Excavator/Trencher

Mason/Brick Layer

Cement Finisher

Septic Pumper/Inspector

Plumber

NOTE:

IF you contract with the
homeowner direct
register as a General.

1. _____ 2. _____

List other valid registrations or licenses.

List names, address & telephone numbers of 3 customers you have performed similar work for:

1) _____ 2) _____ 3) _____

Insurance Agency:

Insurance Company:

Name: _____ Name: _____

Address: _____ Coverage: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature of Principle (Must be notarized)

STATE OF OHIO COUNTY OF _____ ss:

_____ affirms that the statements made in the foregoing
affidavit are true, under penalty or perjury. Subscribed and affirmed to before me this _____ day of
_____, 20__.

NOTARY:

All registrations/licenses expire December 31.

WITHHOLDING AND BUSINESS REGISTRATION

FEDERAL IDENTIFICATION NO. _____

NAME OR CORPORATE NAME _____

BUSINESS OR TRADE NAME _____

STREET ADDRESS _____

CITY, STATE AND ZIP CODE _____

=====

CHECK ONE - SOLE PROPRIETORSHIP _____

PARTNERSHIP _____

CORPORATION _____

NON - PROFIT CORP. _____

ESTATE OR TRUST _____

GOVERNMENTAL _____

UNION _____

WILL YOU BE WITHHOLDING MORE THAN

\$100.00 PER MONTH IN CITY TAXES? _____ YES _____ NO

NUMBER OF EMPLOYEES _____

TYPE OF BUSINESS (MFG. COMMERCIAL ETC.) _____

DATE BUSINESS STARTED _____

FISCAL PERIOD ENDING MONTH. _____

NAME OF PERSON RESPONSIBLE FOR FILING FORMS _____

_____ TITLE _____

TELEPHONE NUMBER _____() _____

SIGNATURE _____ DATE _____

**CONTRACTOR'S BOND
VILLAGE OF SOUTH RUSSELL**

KNOW ALL MEN BY THESE PRESENTS, THAT _____

_____ AS PRINCIPAL AND _____

as surety are held and firmly bound unto the Village of South Russell, or to any of its officers, for the use of any person, persons, firms, or corporation with whom such principal shall contract, alter, repair, add to, subtract from, reconstruct or remodel any building, structure or appurtenance thereto or any part thereof, in accordance with the provision and the requirements of the Building, Plumbing, Electrical, Heating, Ventilation, or other Codes of the Village of South Russell, in the penal sum of Ten Thousand Dollars (\$10,000.00) lawful money of the United States, for the payment of which sum well and truly is to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED and sealed this _____ day of _____, _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that whereas the above bounden _____ has made application to the Building Department for a Certificate of Registration or License as a contractor to engage in the business of:

- | | | |
|----------------------------|-------------------|-----------|
| ___ General Contracting | ___ Paving/Cement | ___ HVAC |
| ___ Siding/Roofing/Windows | ___ Fence | ___ Sewer |
| ___ Electrical | ___ Plumbing | ___ Signs |
| ___ Fire Protection | ___ Excavating | |

within the Village of South Russell during the year beginning _____ and ending as of the calendar year.

NOW THEREFORE, if the said _____ shall well and truly indemnify, keep and save harmless the Village of South Russell or any of its agents or officials for the use of any person, firm, or corporation with whom such contractor to do work, and shall indemnify and pay any such person, persons, firm or corporation for damage sustained on account of the failure of such contract or to perform the work so contracted for in accordance with the provision of the applicable Codes of the Village of South Russell and any and all lawful rules and regulations promulated under the authority thereof, and from or by reason or of on account of anything done under and by virtue of any permits issued under such registration or 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.

PRINCIPAL: _____
ADDRESS: _____
SOCIAL SECURITY NO. _____
FEDERAL I.D. NO. _____

SURETY

(If this Bond is executed by an agent for a Principal or a Surety, such Agent must affix a copy of his Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached hereto.)