

City of Richmond Heights
Department of Building, Zoning, and Housing
26789 Highland Road
Richmond Heights, Ohio 44143
(216)383-6312 fax (216)383-6319

**APPLICATION FOR CERTIFICATE OF
CONTRACTOR REGISTRATION**

Application Date: _____

COMPANY NAME: _____

RESPONSIBLE PERSON: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

FEDERAL ID/SOCIAL SECURITY NUMBER: _____

TYPE OF WORK TO BE PERFORMED (Choose most appropriate for each registration):

- | | | |
|---|--|---|
| <input type="checkbox"/> Concrete/Asphalt | <input type="checkbox"/> Electrical | <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> General |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Landscape | <input type="checkbox"/> Mason |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roofing | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Sewer | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Waterproofing | <input type="checkbox"/> Other: _____ | |

APPLICANT'S SIGNATURE

APPLICANT'S PRINTED NAME

REGISTRATION REQUIREMENTS

ANNUAL FEE: \$100.00 PER CERTIFICATE

EVIDENCE MUST BE PROVIDED DEMONSTRATING THE FOLLOWING:

CERTIFICATE OF INSURANCE: City of Richmond Hts. must be listed as an additional insured within the following limits: Bodily Injury \$100,000 per person

Accidental \$300,000 per person

Accident \$50,000 property damage

STATE LICENSE: Required for electrical, plumbing, HVAC, and fire protection systems

DATE PAID: _____ REGISTRATION NUMBER: _____