

CITY OF VERMILION BUILDING DEPARTMENT

3511 LIBERTY AVENUE • VERMILION, OHIO 44089 • (440) 204-2410 • FAX (440) 204-2411

TO: ALL GENERAL, SPECIALTY and SUBCONTRACTORS
REF: 2020 REGISTRATION REQUIREMENTS [Ordinance 1444.02]

NO BOND REQUIRED

Your registration as a contractor in the City of Vermilion expires December 31st each calendar year. You must register <u>EVERY YEAR</u> prior to beginning work! Enclosed are your registration application forms.

The following items are **required each year** by the Contractor Registration Board:

- Application for Registration: Fill in the form COMPLETELY. Incomplete applications will not be processed! *Please provide a self-addressed, stamped envelope. Upon approval of registration, a certificate will be mailed.*
 - ☐ If registering as Electric, HVAC, Plumbing, Hydronics, Refrigeration, or Fire Protection contractor, a copy of your current, valid **STATE LICENSE** is required.

NOTE: If your company registers in multiple trades, you need <u>separate application forms</u> and <u>payments for each</u>, however, the Insurance, Workers' Comp, RITA and other City documents can be used for all. Payments can be combined into one.

- □ **Certificate of Liability Insurance:** Certificate must be at least \$500,000 and list the City of Vermilion as certificate holder.
- □ **Workers' Compensation Certificate:** Copy of your certificate or a notarized affidavit on the City form stating a valid reason for exemption.
- □ Regional Income Tax Agency [R.I.T.A.] Form
- Copy of Registration from another City: If this is your first time registering with the City, you must provide a copy of a current registration from another City.
- ☐ **Fee payment:** Credit cards, checks (made out to The City of Vermilion) are accepted.

<u>TYPE</u>	<u>FEE</u>	DISCOUNT*	*RENEWALS between
General	\$150	\$125*	November 15, 2019 - January 15, 2020
Subs & Specialty	\$100	\$ 75*	will receive the discount

Overpayments refunded only upon receipt of written request accompanied by a self-addressed, stamped envelope.

COV 1444.02 - Failure to comply with this requirement prior to commencing any work in the City of Vermilion shall result in a registration fee of \$500.00.

PLEASE DIRECT ALL CORRESPONDENCE AND INQUIRIES TO:

Robert Kurtz
Robert Kurtz
CHIEF BUILDING OFFICIAL

Bridget Triana
Bridget Triana
ADMINISTRATIVE CLERK

CONTRACTOR REGISTRATATION BOARD OF EXAMINERS

REGISTRATION TYPES	EXAM	
DEMOLITION	Υ	
EXCAVATING/TRENCHING	Υ	
MASONRY	Υ	
PAINTER/INTERIOR DECORATOR	Υ	
PAVING (Asphalt)	Υ	
POURED CONCRETE (flatwork, foundation)	Υ	
ROOFING	Υ	
GENERAL CONTRACTOR		
* NOTE: When proof of registration elsewhere in Carpentry/Framing/Handyman trade CANNOT be provided, Contractor must pass (min. 70%) GENERAL CONTRACTOR exam before Registration will be approved by the Board	Y	
Miscellaneous Subcontractor: CARPENTRY */FRAMING*/HANDYMAN*	*	
Miscellaneous Subcontractor: CANVAS AWNING INSTALLER	-	
Miscellaneous Subcontractor: DRYWALL/PLASTER	-	
Miscellaneous Subcontractor: FENCE	_	
Miscellaneous Subcontractor: GARAGE DOOR INSTALLER	_	
Miscellaneous Subcontractor: GLAZIER (WINDOW) INSTALLER	_	
Miscellaneous Subcontractor: INSULATION INSTALLER	_	
Miscellaneous Subcontractor: KITCHEN & BATH CABINET INSTALLER	_	
Miscellaneous Subcontractor: LANDSCAPING	_	
Miscellaneous Subcontractor: LAWN SPRINKLER INSTALLER	_	
Miscellaneous Subcontractor: OUTDOOR SIGN / BILLBOARD ERECTOR	_	
Miscellaneous Subcontractor: SECURITY SYSTEM INSTALLATION	_	
Miscellaneous Subcontractor: SIDING	_	
Miscellaneous Subcontractor: STRUCTURAL STEEL		
Miscellaneous Subcontractor: SWIMMING POOL INSTALLER	_	
Miscellaneous Subcontractor: WELDING	_	
ELECTRICAL - Residential, Commercial & Industrial	STATE LICENSE REQUIRED	
FIRE PROTECTION - Residential, Commercial & Industrial	STATE LICENSE REQUIRED	
HVAC - Residential, Commercial & Industrial	STATE LICENSE REQUIRED	
PLUMBING/PIPE FITTING (Hydronics) - Residential, Commercial & Industrial	STATE LICENSE REQUIRED	
REFRIGERATION - Residential, Commercial & Industrial (COV1444.05)	STATE LICENSE REQUIRED Updated 2020	

GENERAL INFORMATION REGARDING EXAMINATIONS:

CODE BOOKS/REFRENCE MATERIALS ARE THE CONCRACTOR'S OWN RESPONSIBILITY. RECOMMENEDED STUDY GUIDES INCLUDE CURRENT EDITIONS OF:

□ RESIDENTIAL CODE OF OHIO

□ CODIFIED ORDINANCE OF VERMILION, CHAPTER 12 & 14 □ OHIO BUILDING CODE

- ◆ EXAMINATION REQUIRED WHEN A CURENT REGISTRATION FROM ANOTHER COMMUNITY CANNOT BE PROVIDED.
- NO TEST AVAILABLE FOR CATEGORY, THEREFORE, AT BOARD'S DISCRETION, ISSUANCE OF REGIISTRATION MAY BE APPROVED SUBJECT TO INPECTION(S) OF INITIAL AND/OR SUBSEQUENT JOB(S) TP THE SATISFACTION OF CITY OFFICIAL (BUILDING INSPECOR).

APPLICATION FOR CONTRACTOR'S REGISTRATION

CITY OF VERMILION --- BUILDING DEPARTMENT

5511 LIBERTY AVENUE, VERMILION, OHIO 44089 PHONE: 440-204-2410 FAX: 440-204-2411

REGISTRATION EXPIRES DECEMBER 31 OF EACH YEAR

TYPE OF REGISTRATION:		
COMPANY OWNER'S NAME:		
DOING BUSINESS AS:		
	CITY Z	
	FAX NUMBER:	
EMAIL ADDRESS:	CELL NUMBER:	
YEARS EXPERIENCE IN TRADE:	YEARS IN BUSINESS:	
DO YOU HOLD REGISTRATION(S) IN OTHER MUDO YOU HOLD A STATE LICENSE?	UNICIPALTIES? Y N IF YES, PLEASE ATTACH COPIES. Y N IF YES, PLEASE ATTACH COPIES.	
ADDRESS OF PROJECT:		
SIGNATURE OF APPLICANT:	DATE:	
OFFICE USE ONLY		
EXAM FEE: \$25.00 CHECK#		
EXAM RESULTS: PASSING SCORE: % FAILED: APPROVED BY:		

Any Contractor who cannot provide a current valid WORKERS COMP CERTIFICATE from the State of Ohio, MUST COMPLETE(Notarized) & RETURN THIS FORM TO THE BUILDING DEPARTMENT!

WORKERS' COMPENSATION AFFIDAVIT

I,	,	whose tax mailing address is
(Print Contractor Name)		
(Street Address)	(City)	(State) (Zip Code)
and doing business as		located at
	ness Name)	
		, am not required to hold
(Print Business Address, if different from above)		
a Certificate of Workers Compensation Insurance becau	se	
(Identify Valid Reason for E.	xemption)	
(Date)		(Signature)
In the State of Ohio)		(Signature)
) SS: In the County of)		
Before me, a Notary Public in and for said County and State	e, personally	appeared
		, known to me
to be doing business as		
acknowledged that he/she did sign the foregoing instrumen		
authorized, and that the same is his/her free act and deed		
authorized, and that the same is his/her free act and deed a	anu the iree	act and deed or said business.
IN TESTIMONY WHEREOF, I have hereunto set my hand	and official	seal, at
Ohio this day of		
		NOTARY PUBLIC

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REGIONAL INCOME THE AGENCY		
	- /"	

www.ritaohio.com

BUSINESS REGISTRATION FORM 48

FEDERAL IDENTIFICATION NUMBER	SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)			
FILING STATUS: CORPORATION ESTATE/TRUST LLC NO	I-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 O	WNER'S NAME AND HOME ADDRESS			
NAME:	PHONE: ()			
ADDRESS:	CITY: STATE:ZIP:			
WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY?				
	BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE. I MANUFACTURING MANUFACTURING WHOLESALE			
	PUBLIC ADMINISTRATION NON CLASSIFICATION			
DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO *IF YES COMPLETE REVERSE SIDE.				
	YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION. MONTHLY GROSS PAYROLL AT RITA LOCATION:			
WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO	MONTHLY GROSS PATROLLAT RITA LOCATION.			
	NG TAX FORMS TO			
SEND WITHHOLDING TAX FORMS TO BUSINESS NAME: PHONE: ()				
	PHONE. ()			
ADDRESS:C	ITY:STATE:ZIP:			
	TION STOP HERE AND SIGN AT BOTTOM			
PROFIT/LOSS INFORMATION				
ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR / / / / /				
SEND NET PROFI	T TAX RETURN TO			
BUSINESS NAME:	PHONE: ()			
CARE OF:				
ADDRESS:C	ITY: STATE: ZIP:			
THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.				
SIGNATURE:	DATE:			
PRINT NAME:	TITLE: PHONE:			

MUNICIPALITY