

### City of Olmsted Falls

#### **Building Department**

9234 Columbia Rd. • Olmsted Falls, Ohio 44138 • (440) 235-1055 • Fax (440) 427-2357
• www.olmstedfalls.org
e-mail building@olmstedfalls.org

### **Contractor Registration**

- 1. Rita form AND RITA form filled out
- 2. Check for \$100.00 Payable to the City of Olmsted Falls
- 3. State of Ohio Workers Compensation Certificate
- 4. Copy of your Certificate of insurance with minimum liability of \$500,000.00 and shall have the city of Olmsted falls as additional insured.
- 5. \$25,000 Surety Bond (Original) Copies not excepted
  - Must use bond form attached (Standard insurance company bond form forms not accepted)
  - Must be dated to cover the period: Date of issuance through December 31
  - Bond must be signed by the principal (Typewritten names not acceptable)
  - Bond must have an original embossed, foil or stamped seal
- 6. Self-addressed stamped envelope for return of your registration. In no return envelope is provided, registration and/or permits will be kept in your contractor file in our office for pick-up by your company.

All of the above must be submitted together. Registration will not be processed until everything is submitted. Contractor's working without proper registration will be cited by Ordinance.

When applying for permits and/or contractor registration in person or by mail, please include self-addressed stamped envelope for return of your permit and/or registration and receipt, otherwise your permit and or Registration and receipt will be filed in our office in your contractor file. Separate checks for each permit and contractor registration are required.

Thank You!!!

#### **Building Department**

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Please be informed that all contractors, sub-contractors, firms, corporation or persons performing work in the City of Olmsted Falls are required by law to register and provide copies of their insurance policies to the City of Olmsted Falls Building Department prior to commencing any work. Ordinance 42-94 has added painting contractors, wallpapering contractors and landscapers to the list of those required to register. In addition, all required permits must be obtained and fees paid prior to commencing work.

Contractor registration fee is \$100.00 per year, effective January 1 of each year. Copies of the contractors insurance (minimum liability of \$500,000.00) shall have the City of Olmsted Falls named as additional insured. The fee and insurance shall be submitted to the Olmsted Falls Building Department either by mail or in person. Please enclose a self-addressed, stamped envelope when registering by mail and your registration will be mailed to you. If no stamped return envelope is provided, your registration will be held in your contractor file for pick-up by your company

# APPLICATION FOR CONTRACTOR'S REGISTRATION CERTIFICATE AS REQUIRED BY ORDINANCE NUMBER 61-87 AND 42-94. PLEASE PRINT ALL INFORMATION THIS FORM MUST BE FILLED OUT COMPLETELY

Company Name		ederal ID#	SS#			
DBA	Type of work performed					
Contact Person	E-Mail address		Do You Sub Contract?			
Office Address	City		State	Zip		
Office Phone ()	Cell Phone()	Fax	()			
Night Phone()Ho	me Address		State	Zip		
I understand that state law requires a Code	-	ion pursuant to ch	-	the Ohio Revised		
	y current workers compensati	on Certificate for 1	registration			
OR						
(Initials) I am a sole owner Compensation	of my company and do not hav	e any employees; t	therefore, I do	not carry Workers		
I/We so agree to abide by all codes, ordin the United States of America.	ance, laws and regulations of the	City of Olmsted Fall	ls Cuyahoga Co	unty, State of Ohio an		
Signature	Γ	`itle				
THANK YOU FOR YOUR COOPERAT WILL BE CITED BY ORDINANCE.						
<b>Do Not Write below this line</b>						
Insurance Expiration Date		Registra	tion#			

Registration For Year



## City of Olmsted Falls

Braden Thomas Sr, RBO
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#### **Contractors Bond**

	as principal, and		as surety,	
are hereby held and firmly bound unt <b>Dollars</b> for the payment of which, we			= :	
administrators, successors and assign			•	
The conditions of this obligation are				
make application to be registered as a				lls, under the pursuant
Ordinance (Ord. 47-2017. Passed 10	-10-17.) which is made par	rt of this bond by re	ference.	
Now if the said Principal shall receiv act as a (type of work)	Contractor, with contractor, and shall fully and alls as are now enacted and ms from injuries or damages retaken under said Registrational and English and Teplace and report a state and condition as by be, then this obligation shall are to be contracted by the contraction of the	thin the Corporate lide of faithfully comply which may hereafted as to persons or propertion, to correct or abarator and also where estore, or cause to be found previous to the fall be null and void and ending on the	mits of the City of Olmsted Falls is with all the provisions of the Ordiner be enacted in relation to doing serty arising by reason of negligence at any violation of the City Build any opening is made or material is replaced and restored, the street the opening of the same, or pay sai; otherwise, it shall remain in full a 31st day of December, 2019 it is	for the current calendar nances, Resolutions and said work and further ce, or failure to properly ing Code, within a is placed in the street of or highway and the d City for having same force and effect for a being expressly
Provided that any forbearance on the any of the Ordinances, Resolutions o shall not in any manner operate to rel	r Regulations of the City of	Olmsted Falls respo	ecting said (type of work)	
Witness our signature this day o	f	<u>,</u> 2019		
PRINCIPLE SIGNATURE:				
ATTORNEY-IN-FACT SIGNATUR	E:	(Seal)		