



# CITY OF AVON

## Building Department

36080 Chester Road · Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

**TO:** All Contractors/Subcontractors  
**FROM:** City of Avon – Building Department  
**SUBJECT:** Contractor Registration and Registration Requirements

REGISTRATION IS REQUIRED OF ALL CONTRACTORS AND SUBCONTRACTORS PERFORMING WORK, OR PROVIDING SERVICES COVERED BY THE BUILDING CODE, PRIOR TO THE ISSUANCE OF A PERMIT (Chapter 1444 of the City of Avon Codified Ordinances). *Contractors who begin work in the city without first registering may be subject to a stop-work order and court citation. The fine for this offense is set forth in Section 1440.99 of the Codified Ordinances of the City of Avon.*

### APPLICATION REQUIREMENTS

***Failure to include the following may delay the processing of your application.***

1. REGISTRATION FEE – **\$75.00** Check payable to the *City of Avon*.
  - a. Additional **\$75.00** is required if work started prior to registration.
2. COMPLETED APPLICATION –
  - a. **Required:** Pages 1-4
  - b. **Including notarized page 4 (THIS PAGE CERTIFIES PAGES 1-4)**
3. \$10,000 LICENSE PERFORMANCE BOND (**Pages 5 & 6**)
  - a. Only original bonds will be accepted.
  - b. Bond is to expire December 31<sup>st</sup> of the current year. Bond must stay in full force the entire calendar year from the date issued, (*Section 1444.07 of the Codified Ordinances of the City of Avon*). Failure to maintain a current Bond may result in revocation of Contractor Registration.
  - c. The City of Avon does provide a bond form.
4. RITA – Regional Income Tax Agency (**Page 7**)
5. LIABILITY INSURANCE
  - a. Name the City of Avon as Certificate Holder. (City of Avon does not need to be listed as Additional Insured)
  - b. Bodily Injury in the amount of \$100,000/\$300,000 (per person) for accidental injury.
  - c. Property Damage in the amount of at least \$50,000
6. STATE CERTIFICATION – Attach a copy of the state license for Electrical, HVAC, Plumbing, Automatic Sprinklers and Fire Protection, and Alarm Systems
7. OHIO BUREAU OF WORKERS' COMPENSATION CERTIFICATE

Full completion of this form serves as registration with the City of Avon Income Tax Department as required by Chapter 880 of the Taxation Code of the City.



# ANNUAL CONTRACTOR AND SUBCONTRACTOR BUSINESS REGISTRATION FORM

## ANNUAL CONTRACTOR AND SUBCONTRACTOR BUSINESS REGISTRATION FORM

**Name of Company (DBA):** \_\_\_\_\_

**PRINT Name of Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **FED ID:** \_\_\_\_\_

**Address of Office/Home:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

(For Example: General, Concrete, Electrical, Roofing, Plumbing, etc.)

**State License No.:** \_\_\_\_\_ **Worker's Comp. No.:** \_\_\_\_\_

(Electric, Plumbing, HVAC, Fire)

**NOTE: ALL LICENSE/CONTRACTOR REGISTRATION IS LIMITED TO THE CALENDAR YEAR OF ISSUANCE.**

**Contractor Registration Fee:** \$75.00 per calendar year & an additional \$75.00 will be charged if work is started prior to registration.

REGISTRATION IS REQUIRED OF ALL CONTRACTORS AND SUBCONTRACTORS PERFORMING WORK, OR PROVIDING SERVICES COVERED BY THE BUILDING CODE, PRIOR TO THE ISSUANCE OF A PERMIT (Chapter 1444 of the City of Avon Codified Ordinances). Contractors who begin work in the city without first registering may be subject to a stop-work order and court citation. The fine for this offense is set forth in Section 1440.99 of the Codified Ordinances of the City of Avon.

Will you have employees working in the City of Avon? \_\_\_\_\_ If so, how many? \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### TO BE COMPLETED BY THE CITY OF AVON BUILDING DEPARTMENT

**Fee Amount Paid:** \_\_\_\_\_ **Receipt No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License No.:** \_\_\_\_\_

**Job Site/Project:** \_\_\_\_\_

**Approved By:**  
**Date:**



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Address of proposed project \_\_\_\_\_  
Street Number Street Name Sub Lot Number

Description of proposed project: \_\_\_\_\_  
Example: Single family dwelling, deck, shed, patio, driveway

*I do hereby understand that contractors & subcontractors whose work requires a permit are required to be bonded and insured and have a valid certificate of registration issued by the City of Avon for any project. I further understand that all general contractors, contractors and/or sub contractors that work on this project are required to be registered with the Regional Income Tax Agency prior to the issuance of any construction permits regardless of the project value.*

**Use of unregistered or unlicensed contractors or subcontractors may result in work stoppage, court citation or both.**

Below are all of the subcontractors' that will work on this project:

TRADE	CONTACT	CONTRACTOR COMPANY NAME	EMAIL	PHONE NUMBER
GENERAL				
EXCAVATOR				
FOUNDATION				
WATERPROOFING				
ELECTRICAL				
PLUMBING				
FRAMING				
FINISHED FRAMING				
INSULATION				
DRYWALL				
ROOFING				
SIDING				
HVAC				
CONCRETE				
MASONRY				
LANDSCAPING				
FLOORING				
GARAGE DOORS				
PAINTING				
SECURITY				
OTHER				

***\*Whomever secures the permit for the above captioned project is also responsible in notifying the Building Department of any changes in contractor information as submitted above.***

Applicant's name printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## ANNUAL CONTRACTOR AND SUBCONTRACTOR BUSINESS REGISTRATION FORM

All contractors (whether engaged as a prime or subcontractor) must fully comply with all applicable city, state and federal codes including, but not limited to: worker's compensation laws, unemployment compensation laws (whether state and/or federal), all applicable withholding taxes for employees, and applicable permit fees. Failure to comply may result in a fine and/or imprisonment as otherwise provided by law as well as revocation of registration.

I, \_\_\_\_\_, BEING DULY AUTHORIZED BY THE CONTRACTOR OR SUBCONTRACTOR TO RESPOND TO THE ABOVE QUESTIONS, DO HEREBY CERTIFY AND DECLARE UNDER PENALTY OF PERJURY, THAT I HAVE READ ALL OF THE FOREGOING ANSWERS, AND THAT THOSE ANSWERS ARE TRUE TO THE BEST OF MY ACTUAL KNOWLEDGE, AND BELIEF, AND HAVE HAD THE OPPORTUNITY TO REVIEW CHAPTER 1444 OF THE AVON CODIFIED ORDINANCES AND WILL ADHERE TO AND COMPLY WITH ALL REQUIREMENTS OF CHAPTER 1444.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

STATE OF OHIO                     )  
  ) ss  
COUNTY OF \_\_\_\_\_)

Before me, a Notary Public in and for said County and State, personally appeared the above-named

\_\_\_\_\_, who acknowledged before me that \_\_\_ did sign the foregoing instrument and that the same is \_\_\_\_\_ free act and deed.

IN WITNESS WHEREOF, I have hereunto affixed my name and official seal at \_\_\_\_\_,

Ohio, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



**City of Avon-Building Department**  
36080 Chester Road  
Avon, OH 44011  
(440)937-7811

LICENSE PERFORMANCE BOND

Know all men by these presents, that \_\_\_\_\_  
as principal and \_\_\_\_\_ as Surety are held  
firmly bound unto the City of Avon, or to any of its officers, for the use of any person,  
persons, firm or corporation with whom such Principal shall contract to construct, alter,  
repair, add to, subtract from, reconstruct or remodel any building structure or  
appurtenance thereto or any part thereof, in accordance with the provisions and the  
requirements of the Building Code of the City of Avon, 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 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 Principal  
\_\_\_\_\_ has made application to the Building  
Inspector for a license as a contractor to engage in the business to construct, alter, repair,  
add to, subtract from, reconstruct, or remodel any building, structure or appurtenance  
thereto or any part thereof as required by the Building Code of Avon during the year  
beginning \_\_\_\_\_ and ending December 31, \_\_\_\_\_.

Now, therefore the said \_\_\_\_\_ agrees that it  
shall well and truly indemnify, keep and save harmless the City of Avon, or any

of it's agents or officials for the use of any person, persons, firm or corporation with whom such contractor shall contract to do the work, and shall indemnify and pay any such person, firm or corporation for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Building Code of Avon, 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 such license for the 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. The said \_\_\_\_\_ further agrees to pay all damages for loss that may occur from any act, neglect or carelessness of the principal, its agents or employees or any other under his or its supervision or direction or any subcontractor from such work pertaining to said business or occupation or from poor or defective work material. This License/Performance Bond is to remain in full force and effect throughout the calendar year \_\_\_\_\_

PRINCIPAL \_\_\_\_\_  
Signature Date

Address \_\_\_\_\_

*SEAL*

SURETY: \_\_\_\_\_  
Signature Date

Address: \_\_\_\_\_

\_\_\_\_\_

11/4/15

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: