

# City of Willoughby Hills Building Department

35405 Chardon Road  
Willoughby Hills, OH 44094  
Phone: (440) 975-3550

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November 1, 2020

RE: 2021 Contractor Registration

Dear Contractor,

Enclosed you will find the Willoughby Hills Contractor Registration Packet.

**Chapter 1373 of the Willoughby Hills codified ordinances requires all contractors doing business in the city to be registered with the city, even if they are already registered with the county or other agency.** Due our relationship with the Lake County Building Department effective October 10, 2017, not all contractors will need to pay for their registration. Please see the attached instructions to determine if you will be required to pay for your registration.

Please remember to send the following items so your registration can be processed:

- ☐ Completed **notarized** application.
- ☐ **Signed and notarized** \$20,000.00 bond on the City bond form with expiration date of December 31, 2021. Must have the original notary seal, no copies.
- ☐ Certificate of liability insurance with the City as the additional insured.
- ☐ Copy of current state license, if required.
- ☐ **Check or money order for \$100.00 or**  
**Proof of Registration with Lake County Building Department.**
- ☐ Self-addressed, stamped envelope OR an email address to send the Certificate and receipt to.

Please contact me if you have any questions regarding your registration renewal.

Thank You,

  
Denise R. Edwards

Building and Service Department Clerk



IN ACCORDANCE WITH THE PROVISIONS OF SECTION 1373 OF THE CITY OF WILLOUGHBY HILLS CODIFIED ORDINANCE 2006

**REGISTRATION REQUIRED.** No person, firm or corporation (including but not limited to, general contractors, subcontractors, and mechanical trades) shall engage in the business or act in the capacity of a contractor except pursuant to a certificate of registration. All persons, prior to engaging in or being employed as responsible for the installation, replacement, and/or construction (such as construct, alter, repair, add to, subtract from, demolish, reconstruct or remodel any building, structure or appurtenance thereto) within the City shall obtain the required certificate of registration. At least one responsible member, officer or employee must be registered by the City to make such installations. All work performed by such shall be under direct supervision of the registered person.

**"IMPORTANT"**

**READ THESE INSTRUCTIONS THOROUGHLY TO ASSURE INFORMATION REQUIRED IS CORRECT AND COMPLETE (see \*)**

1.) **APPLICATION** must be complete and the applicant's signature must be notarized. Applicant must be the registering contractor. Notary Public Service is available at City Hall with ID. Please Print Legibly.

**PERMITS ISSUED ONLY TO REGISTERED CONTRACTORS.** When permits are required for work to be performed by Contractors, they will only be issued to those that are properly registered with the Building Department.

- The registering contractor may list persons authorized to pull permits under this registration request. If the list exceeds the application space given, please provide a separate sheet on company letterhead, stating authority. It must also be signed by the registering contractor and must be notarized.

2.) **BOND AND INSURANCE**

- Copy of Current Certificate of Liability in the amount of \$100,000/\$300,000 for bodily injury and \$50,000 for property damage (Willoughby Hills named as additionally insured).
- Willoughby Hills Bond form completed by bond issuer with the bonding obligation in the amount of \$20,000 - expiration date of December 31 of year of issuance. Continuation Certificates are not accepted. Bond to be signed and sealed.

3.) **ELIGIBILITY FOR CERTIFICATES OF LICENSES AND REGISTRATION:** No applicant shall be registered as a contractor unless the applicant is the holder and submits proof of a current certificate, license, and/or registration, as required. The contractor is responsible for having copies of updated certificates and licenses forwarded to the Building Department in order to keep our records current. If a certificate of insurance or license expires within the year of registration, it can prevent issuance of a permit and/or the issuance of a stop work order.

- Electrical, HVAC and Plumbing: State Certification/Professional License from a testing Municipality or County.
- **FIRST TIME REGISTRATION:** Current copy of State Certification/Professional License OR copies of three (3) current municipality registrations with other communities for review by the Building Commissioner.

4.) **RITA FORM 48:** Only first time applicants with the City of Willoughby Hills are required to submit this form with their registration.

5.) **PAYMENT:**

- A Check payable to: The City of Willoughby Hills/Registration Fee: \$100.00
- Fee waived if you provide proof of registration with the Lake County Building Department for the year of registration.
- If application is mailed, send a regular #10 - self addressed, stamped envelope for a return certificate. You may also request for it to be emailed back to you.

**EXPIRATION AND RENEWALS:** All registration certificates expire on December 31st in the year of issuance.

**REVOCATION AND SUSPENSION OF REGISTRATION** A certificate of registration may be suspended or revoked by the Building & Zoning Inspector, as per Section 1373.08. Violations and penalties can apply, per Section 1373.99.

— **PERMITS** —

Forms are available in the building department or at [www.willoughbyhills-oh.gov](http://www.willoughbyhills-oh.gov)

**Permit Hours:** Monday through Friday, 8:00 a.m. to 4:00 p.m.

\*ANY CONTRACTOR REGISTRATION PACKAGES THAT ARE INCOMPLETE OR INCORRECT MAY BE REJECTED AND RETURNED WITH AN INVOICE FROM THE CITY OF WILLOUGHBY HILLS FOR AN ADMINISTRATION FEE IN THE AMOUNT OF \$30.00. SAID FEE MUST BE PAID SEPARATELY AND ENCLOSED WITH THE REVISED AND CORRECTED REGISTRATION PACKAGE.



**APPLICATION FOR CERTIFICATE OF CONTRACTOR REGISTRATION**

Registration Type : ☐ Electrical ☐ HVAC ☐ Plumbing ☐ Sewer ☐ General (specify) \_\_\_\_\_

List all State Licenses Held: \_\_\_\_\_

FED.ID # \_\_\_\_\_ OR SOC SEC # \_\_\_\_\_

PRINT CLEARLY

APPLICANT NAME CONTRACTOR NAME	_____	COMPANY NAME	_____
ADDRESS	_____	ADDRESS	_____
CITY/STATE/ZIP	_____	CITY/STATE/ZIP	_____
MOBILE	_____	OFFICE PHONE	_____
	_____	OFFICE FAX	_____
E-MAIL ADDRESS	_____	WEB ADDRESS	_____

The following person(s) can pull permits under the contractor that holds registration:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

--- If more space is required, please attach a list on company letterhead (note this list must be signed and notarized by contractor, as well).

I, \_\_\_\_\_, do hereby swear/affirm that all the above facts are true to the best of my knowledge and belief.  
(Print)

Sworn to and before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

In the City of \_\_\_\_\_

State of \_\_\_\_\_, County \_\_\_\_\_

\_\_\_\_\_  
Signature of NOTARY PUBLIC, Commission Expiration Date

PLEASE RETURN THIS COMPLETED FORM, REQUIRED DOCUMENTS AND PAYMENTS TO  
Willoughby Hills Building & Zoning Department - 35405 Chardon Road - Willoughby Hills OH 44094

\$100.00 Registration Fee -

FEE \$ \_\_\_\_\_

FIRST TIME REGISTRATION: ☐ APPROVED ☐ DENIED

\_\_\_\_\_  
Building Commissioner

\_\_\_\_\_  
Date

OFFICE USE: Amount Rec'd \$ \_\_\_\_\_ Rect. # \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Reg # \_\_\_\_\_ Date \_\_\_\_\_



# City of Willoughby Hills

## Building Department

35405 Chardon Road, Willoughby Hills, OH 44094  
440-975-3550 Office; 440-918-8749 Fax

### PERFORMANCE BOND AND LICENSE AND PERMIT BOND

BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ of \_\_\_\_\_,  
State of \_\_\_\_\_, as Principal, and \_\_\_\_\_, a  
corporation duly licensed to do surety business in the State of \_\_\_\_\_, as Surety, are  
held and firmly bound unto the City of Willoughby Hills, Ohio, and/or any resident, and/or any property owner,  
as Oblige, in the penal sum of not to exceed TWENTY THOUSAND DOLLARS (\$20,000.00) lawful money of  
the United States, for which payment well and truly to be made, we bind ourselves and our legal representative  
firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas the Principal has been  
licensed as \_\_\_\_\_ by the City of Willoughby Hills.

NOW, THEREFORE, if the Principal shall faithfully perform all the contractual obligations on and for the  
real estate in question in a workmanlike manner and shall further perform all the other duties and  
responsibilities and also comply with the Building and Zoning Codes and Ordinances of the City of Willoughby  
Hills, Ohio, including all amendments thereto, pertaining to the license or permit applied for, then this obligation  
to be void; otherwise to remain in full force and effect until cancelled by the Surety as provided below or  
released by the Oblige.

This bond may be terminated at any time by the Surety upon sending written notice by First Class U.S.  
Mail to the Oblige and to the Principal at the addresses last known to the Surety, and at the expiration of thirty  
(30) days from the mailing of said notice, this bond shall terminate and the Surety shall be relieved from any  
liability for any acts or omissions of the Principal subsequent to that date. The Surety shall not be liable for  
more than the amount of this bond, regardless of the number of claims made against this bond or the number  
of years this bond remains in force. Any revision of the amount of this bond shall not be cumulative.

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

\_\_\_\_\_  
Principal

Expires on December 31<sup>st</sup> of the year 20\_\_\_\_

By \_\_\_\_\_  
Name and Title

\_\_\_\_\_, SURETY

By \_\_\_\_\_  
Name and Title

Insurance Agency/Agent:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_





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: \_\_\_\_\_



# CONTRACTOR INFORMATION

MUNICIPALITY: \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_

ADDRESS OF CONSTRUCTION SITE: \_\_\_\_\_

TOTAL CONTRACT AMOUNT: \$ \_\_\_\_\_

As the contractor, will your company be withholding local income tax from all employees on the job? ☐ YES ☐ NO

COMPANY/ADDRESS - CITY, STATE AND ZIP		OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY  
ATTN: BUSINESS REGISTRATION  
P.O. BOX 477900  
BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND LOCAL: (440) 526-0900  
COLUMBUS TOLL FREE: (866) 721-RITA (7482)  
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TOLL FREE: (800) 860-RITA (7482)  
TDD: (440) 526-5332  
FAX: (440) 526-3136