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

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December 1, 2019

RE: 2020 Contractor Registration

Dear Contractor,

Enclosed you will find your Contractor Registration Packet. All contractors doing business in the City of Willoughby Hills will need to register with the City. 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, 2020.
- ❑ 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.

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

Thank You,

Denise R. Edwards

Building and Service Department Clerk

CITY OF WILLOUGHBY HILLS, OHIO
35405 Chardon Road, Willoughby Hills, OH 44094

Department of Building & Zoning
(440) 975-3550 - FAX (440) 918-8749

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 THOUROUGHLY 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 Contactors, 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 CERTFICATES 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
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*.

CITY OF WILLOUGHBY HILLS, OHIO
35405 Chardon Road, Willoughby Hills, OH 44094

Department of Building & Zoning
(440) 975-3550 - FAX (440) 918-8749

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 Obligee, 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 Obligee.

This bond may be terminated at any time by the Surety upon sending written notice by First Class U.S. Mail to the Obligee 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 31st of the year 2020

By_____
Name and Title

_____, SURETY

By_____
Name and Title

Insurance Agency/Agent:
Name_____

Address_____

Phone No. _____ FAX No. _____

E-FILE
REGIONAL INCOME TAX AGENCY

www.ritaohio.com

BUSINESS REGISTRATION FORM 48

MUNICIPALITY

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: _____

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

CLEVELAND LOCAL: (440) 526-0900
TOLL FREE: (800) 860-RITA (7482)

COLUMBUS TOLL FREE: (866) 721-RITA (7482)
TDD: (440) 526-5332

YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)
FAX: (440) 526-3136

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
CONTRACTOR GWN							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							

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

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