





**East Cleveland Building Department**  
**www.eastcleveland.org**  
**14340 EUCLID AVENUE RM#6, EAST CLEVELAND, OH 44112**  
**(216) 681-2415 \* (216) 681-2196 (Fax)**

**CONTRACTOR REGISTRATION REQUIREMENTS**  
**PERMIT HOURS MONDAY- WEDNESDAY- FRIDAY 8:30 A.M.-11:30 AM**  
**REOPEN FROM 1:30 PM--- 3:30PM**  
**CLOSED DAILY FROM 11:30 AM– 1:30 PM**  
**TUESDAY –THURSDAY 8:30 AM - - 2:00 PM**  
**CLOSED DAILY FROM 2:00 PM – 5:00 PM**

**APPLICATIONS:** Contractor registration applications must be completed. Incomplete applications will be returned unapproved.

**APPLICATION FEE:** **\$ 150.00 PER CALENDAR YEAR PER TRADE: NEW REGISTRATION**  
**\$ 125.00 RENEWAL: SECOND CONSECUTIVE YEAR IN GOOD STANDING**

The city will only accept the following methods of payment below:

-  Money Order
-  Cashier Check
-  Official Bank Check
-  Credit Cards (Master : Visa : Discover : American Express)
  - Credit card payments will not be taken over the phone

**TERMS OF REGISTRATION:** All registration expires at the end of the calendar year

**BOND:** **\$25,000 ON CITY OF EAST CLEVELAND BOND FORM**

**CERTIFICATE OF INSURANCE:** A certificate of insurance showing the City of East Cleveland Building Department as certificate holder: amount \$ 100,000 per person, \$ 300,000 per occurrence for bodily injury, \$ 100,000 per occurrence for property damage

**PLUMBING, HVAC & ELECTRICAL CONTRACTORS:** A copy of your qualification certificate issued by Ohio Construction Industry Examining Board or a testing community must be attached

**RITA:** RITA tax form must be completed. Direct all questions: 1-800-860-7482

**AUTHORIZED PERSONNEL:** Only those names listed as authorized agents may obtain permits **NO EXCEPTION**

**BUILDING CODES:** All work must be performed according to the Building Codes of the City of East Cleveland and the State of Ohio.

**PERMITS:** Permits must be obtained and posted at job site before work begins. If a contractor begins work before obtaining a permit penalty fees will be assessed.

**PERMIT HOURS:** You may obtain your permits and/or register as a contractor Monday Wednesday Friday between the hours of 8:30 am – 11:30 am and 1:30 pm- 3:30pm. Tuesday Thursday 8:30am – 2:00pm

**ALL PERMITS REQUIRE A TWENTY-FOUR (24) HOURS NOTICE FOR INSPECTION.  
PLEASE CONTACT THE SCHEDULING SECRETARY (216) 681.2415**

## CONTRACTOR'S REGISTRATION APPLICATION

**PAYMENT METHODS: CASHIER CHECKS: COMPANY CHECKS OR MONEY ORDER PAYABLE TO THE CITY OF EAST CLEVELAND**

**RENEWAL FEE \$125.00**

**NEW REGISTRATION**

**FEE: \$ 150.00**

|                     |                      |            |
|---------------------|----------------------|------------|
| Business Name:      |                      |            |
| Business Address:   |                      |            |
| Business Telephone: | Fax                  | Cell phone |
| Business Page:      | Federal ID # or SS#: |            |
| E-Mail:             |                      |            |

### BUSINESS TYPE

Partnership

Corporation

Sole Proprietorship

If Corporation, corporate charter number: \_\_\_\_\_

List requested information for owner, managing partner, president or statutory agent.

Name: \_\_\_\_\_

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

Home # \_\_\_\_\_ Pager: \_\_\_\_\_ Cell phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

### REGISTRATION TYPE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alarm                          | <input type="checkbox"/> HVAC  | <input type="checkbox"/> Exterior Painter |
| <input type="checkbox"/> Asphalt                        | <input type="checkbox"/> House Movers                                | <input type="checkbox"/> Landscapers      |
| <input type="checkbox"/> Asbestos Abatement             | <input type="checkbox"/> Insulation                                  | <input type="checkbox"/> Handyman         |
| <input type="checkbox"/> Asbestos Testing               | <input type="checkbox"/> Lead Abatement                              |   |
| <input type="checkbox"/> Carpentry                      | <input type="checkbox"/> Lead Testing                                |   |
| <input type="checkbox"/> Carpentry Finish               | <input type="checkbox"/> Plumbing                                    |   |
| <input type="checkbox"/> Communication Wiring           | <input type="checkbox"/> Radon Testing                               |   |
| <input type="checkbox"/> Concrete                       | <input type="checkbox"/> Refrigeration                               |   |
| <input type="checkbox"/> Demolition                     | <input type="checkbox"/> Roofing Commercial                          |   |
| <input type="checkbox"/> Drywall                        | <input type="checkbox"/> Roofing Residential                         |   |
| <input type="checkbox"/> Electrical                     | <input type="checkbox"/> Sewer Builder/Cleaner/Reline/Renovator      |   |
| <input type="checkbox"/> Excavating                     | <input type="checkbox"/> Siding                                      |   |
| <input type="checkbox"/> Fence                          | <input type="checkbox"/> Sign  |   |
| <input type="checkbox"/> Fire Protection                | <input type="checkbox"/> Sprinkler                                   |   |
| <input type="checkbox"/> General Contractor Commercial  | <input type="checkbox"/> Structural Steel                            |   |
| <input type="checkbox"/> General Contractor Residential | <input type="checkbox"/> Waterproofing                               |   |
| <input type="checkbox"/> General Contractor Remodeling  | <input type="checkbox"/> Others as Required by the Building Director |   |
| <input type="checkbox"/> Gutter                         |  |   |

**CITY OF EAST CLEVELAND**  
**CONTRACTORS REGISTRATION 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  
(Bonding Company)

in the State of Ohio, as Surety, are held and firmly bound unto the City of East Cleveland, and its citizenry (collectively, the "Obligee"), in the penal sum of not to exceed **TWENTY FIVE THOUSAND DOLLARS (\$ 25,000.00)** lawful money of the United States of which payment will truly to be made, we bind ourselves and our legal representatives firmly by these presents.

**THE CONDITION OF THE ABOVE OBLIGATION IS** that the principal has been registered as a contractor by the obligee.

**NOW THEREFORE**, if the Principal shall perform its work in the City of East Cleveland in a workmanlike manner and faithfully keep its contractual obligations to Obligee and in all things comply with the laws, rules and regulation of the City of East Cleveland, including all amendments there to, pertaining to the registration applied for, then this obligation shall be void; otherwise this obligation shall 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 addressed 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.

Date this \_\_\_\_\_.

Date of expiration: \_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

[ SEAL ]

By: \_\_\_\_\_  
Name & Title

**APPLICATION MUST INCLUDE THE FOLLOWING SUPPORTING DOCUMENTS**

- 1. Liability insurance in the amount of \$ 100,000 per persons, \$ 300,000 pr occurrence for bodily injury and \$ 100,000 per occurrence for property damage. The City of East Cleveland must be noted as additionally insured and certificate holder.
- 2. **Contractors Bond in the amount of \$ 25,000 on the City of East Cleveland's Bond Form**
- 3. **Copies of current state registration if you are registering as a plumber, electrician, sprinkler or HVAC contractor**
- 4. Copy of owner's driver's license

**PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE**

**REGISTRATION MUST BE FILLED OUT COMPLETELY AND INCLUDE THESE DOCUMENTS OR IT WILL NOT BE PROCESSED**

**References**

| <b>Name</b> | <b>Address</b> | <b>Telephone</b> |
|-------------|----------------|------------------|
|             |                |                  |
|             |                |                  |
|             |                |                  |

I acknowledge that this registration requires that my company abide by the laws of the City of East Cleveland and the State of Ohio including all adopted codes; furthermore, I swear that all the information submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner/Managing Partner/President/Statutory Agent

\_\_\_\_\_  
Print Name

The following \_\_\_\_\_ individuals are authorized to act as signatory agent on behalf of the company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**FORM  
48**

**REGIONAL INCOME TAX AGENCY  
Business Registration Form**

**GENERAL INFORMATION**

City of:

Federal ID No:  Soc. Sec. No. (only if a sole proprietor):

Please fill-in your filing status:  Sole Proprietor  Partnership  Non-Profit  Corporation

**Local Name and Address as Used for Business Purposes:**

Business Name:

Address #:  Suite:

Street Name:

City:

State:  Zip:  -  Phone:  -  -

**If Corporate Subsidiary, Give Name and Address of Parent Company Main Office:**

Business Name:

Address #:  Suite:

Street Name:

City:

State:  Zip:  -  Phone:  -  -

**If Sole Proprietorship, Give Owner's Name and Home Address:**

Name:

Address #:  Suite:

Street Name:

City:

State:  Zip:  -  Phone:  -  -

What date did you begin operations in RITA municipality (mm/dd/yy)?

**Please List the Federal Business Activity Code or Fill-in the Oval that Best Describes the Activity:**

Federal Business Activity Code:



\*FORM 48\*

Business Activity:

12 empty boxes for Business Activity

RITA

- Transportation     Non-Manufacturing     Manufacturing     Wholesale     Retail
- Finance     Services     Public Administration     Non-Classification

**EMPLOYEE INFORMATION**

Do you have any employees? (Fill only one)  Yes  No      Are sub-contractors utilized? (Fill only one)  Yes  No

*If you have employees proceed with employee information. If you do not have employees, proceed to the profit/loss section.*

Approx. No. of Employees:           Approx. Monthly Gross Payroll: \$  ,  ,  .

Please contact our business regarding a voluntary residence withholding program.  Yes  No

Send Withholding Tax Form to:

Business Name:

Care of:

Address #:       Suite:

Street Name:

City:

State:       Zip:  -       Phone:  -  -

*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 (mm/dd/yy):

Send the Net Profit Tax Return to:

Business Name:

Care of:

Address #:       Suite:

Street Name:

City:

State:       Zip:  -       Phone:  -  -



\*FORM 48 B\*

The Information Hereby Submitted is True and Correct.

Signature: \_\_\_\_\_      Print Name: \_\_\_\_\_

Date: \_\_\_\_\_      Title: \_\_\_\_\_      Phone:  -  -