



CITY OF VERMILION BUILDING DEPARTMENT

5511 LIBERTY AVENUE • VERMILION, OHIO 44089 • (440) 204-2410 • FAX (440) 204-2411

TO : ALL GENERAL, SPECIALTY and SUBCONTRACTORS
REF: 2020 REGISTRATION REQUIREMENTS [Ordinance 1444.02]

NO BOND REQUIRED

Your registration as a contractor in the City of Vermilion expires December 31st each calendar year. You must register EVERY YEAR prior to beginning work! Enclosed are your registration application forms.

The following items are **required each year** by the Contractor Registration Board:

- **Application for Registration:** Fill in the form COMPLETELY. Incomplete applications will not be processed! *Please provide a self-addressed, stamped envelope. Upon approval of registration, a certificate will be mailed.*
 - If registering as Electric, HVAC, Plumbing, Hydronics, Refrigeration, or Fire Protection contractor, a copy of your current, valid **STATE LICENSE** is required.

NOTE: If your company registers in multiple trades, you need separate application forms and payments for each, however, the Insurance, Workers' Comp, RITA and other City documents can be used for all. Payments can be combined into one.

- **Certificate of Liability Insurance:** Certificate must be at least \$500,000 and list the City of Vermilion as certificate holder.
- **Workers' Compensation Certificate:** Copy of your certificate or a notarized affidavit on the City form stating a valid reason for exemption.
- **Regional Income Tax Agency [R.I.T.A.] Form**
- **Copy of Registration from another City:** *If this is your **first time** registering with the City, you must provide a copy of a current registration from another City.*
- **Fee payment:** Credit cards, checks (made out to The City of Vermilion) are accepted.

| TYPE | FEE | DISCOUNT* | *RENEWALS between November 15, 2019 - January 15, 2020 will receive the discount |
|------------------|-------|-----------|--|
| General | \$150 | \$125* | |
| Subs & Specialty | \$100 | \$ 75* | |

Overpayments refunded only upon receipt of written request accompanied by a self-addressed, stamped envelope.

COV 1444.02 - Failure to comply with this requirement prior to commencing any work in the City of Vermilion shall result in a registration fee of \$500.00.

PLEASE DIRECT ALL CORRESPONDENCE AND INQUIRIES TO:

Robert Kurtz
Robert Kurtz
CHIEF BUILDING OFFICIAL

Bridget Triana
Bridget Triana
ADMINISTRATIVE CLERK

CONTRACTOR REGISTRATATION BOARD OF EXAMINERS

| REGISTRATION TYPES | EXAM |
|--|------------------------|
| DEMOLITION | Y |
| EXCAVATING/TRENCHING | Y |
| MASONRY | Y |
| PAINTER/INTERIOR DECORATOR | Y |
| PAVING (Asphalt) | Y |
| POURED CONCRETE (flatwork, foundation) | Y |
| ROOFING | Y |
| GENERAL CONTRACTOR * NOTE: When proof of registration elsewhere in Carpentry/Framing/Handyman trade CANNOT be provided, Contractor must pass (min. 70%) GENERAL CONTRACTOR exam before Registration will be approved by the Board | Y |
| Miscellaneous Subcontractor: CARPENTRY */FRAMING*/HANDYMAN* | * |
| Miscellaneous Subcontractor: CANVAS AWNING INSTALLER | — |
| Miscellaneous Subcontractor: DRYWALL/PLASTER | — |
| Miscellaneous Subcontractor: FENCE | — |
| Miscellaneous Subcontractor: GARAGE DOOR INSTALLER | — |
| Miscellaneous Subcontractor: GLAZIER (WINDOW) INSTALLER | — |
| Miscellaneous Subcontractor: INSULATION INSTALLER | — |
| Miscellaneous Subcontractor: KITCHEN & BATH CABINET INSTALLER | — |
| Miscellaneous Subcontractor: LANDSCAPING | — |
| Miscellaneous Subcontractor: LAWN SPRINKLER INSTALLER | — |
| Miscellaneous Subcontractor: OUTDOOR SIGN / BILLBOARD ERECTOR | — |
| Miscellaneous Subcontractor: SECURITY SYSTEM INSTALLATION | — |
| Miscellaneous Subcontractor: SIDING | — |
| Miscellaneous Subcontractor: STRUCTURAL STEEL | — |
| Miscellaneous Subcontractor: SWIMMING POOL INSTALLER | — |
| Miscellaneous Subcontractor: WELDING | — |
| ELECTRICAL - Residential, Commercial & Industrial | STATE LICENSE REQUIRED |
| FIRE PROTECTION - Residential, Commercial & Industrial | STATE LICENSE REQUIRED |
| HVAC - Residential, Commercial & Industrial | STATE LICENSE REQUIRED |
| PLUMBING/PIPE FITTING (Hydronics) - Residential, Commercial & Industrial | STATE LICENSE REQUIRED |
| REFRIGERATION - Residential, Commercial & Industrial | STATE LICENSE REQUIRED |

(COV1444.05)

Updated 2020

GENERAL INFORMATION REGARDING EXAMINATIONS:

CODE BOOKS/REFERENCE MATERIALS ARE THE CONTRACTOR'S OWN RESPONSIBILITY. RECOMMENDED STUDY GUIDES INCLUDE CURRENT EDITIONS OF:

RESIDENTIAL CODE OF OHIO
 CODIFIED ORDINANCE OF VERMILION, CHAPTER 12 & 14
 OHIO BUILDING CODE

◆ EXAMINATION REQUIRED WHEN A CURRENT REGISTRATION FROM ANOTHER COMMUNITY CANNOT BE PROVIDED.

– NO TEST AVAILABLE FOR CATEGORY, THEREFORE, AT BOARD'S DISCRETION, ISSUANCE OF REGISTRATION MAY BE APPROVED SUBJECT TO INSPECTION(S) OF INITIAL AND/OR SUBSEQUENT JOB(S) TO THE SATISFACTION OF CITY OFFICIAL (BUILDING INSPECTOR).



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: _____