



# 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: 2021 REGISTRATION REQUIREMENTS [Ordinance 1444.02]

## **NO BOND REQUIRED**

Your registration as a contractor in the City of Vermilion expires December 31<sup>st</sup> 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! *Upon approval of registration, a certificate will be e-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.

<b>TYPE</b>	<b>FEE</b>	<b>DISCOUNT*</b>	<b>*RENEWALS between November 15, 2020 - January 15, 2021 will receive the discount</b>
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**

**Bridget Triana**

Robert Kurtz  
CHIEF BUILDING OFFICIAL

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 CONCRACTOR'S OWN RESPONSIBILITY. RECOMMENEDED STUDY GUIDES INCLUDE CURRENT EDITIONS OF:

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

◆ EXAMINATION REQUIRED WHEN A CURENT 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).

**APPLICATION FOR CONTRACTOR'S REGISTRATION**  
**CITY OF VERMILION --- BUILDING DEPARTMENT**  
**5511 LIBERTY AVENUE, VERMILION, OHIO 44089**  
**PHONE: 440-204-2410 FAX: 440-204-2411**  
**REGISTRATION EXPIRES DECEMBER 31 OF EACH YEAR**

TYPE OF REGISTRATION: \_\_\_\_\_

COMPANY OWNER'S NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

YEARS EXPERIENCE IN TRADE: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

DO YOU HOLD REGISTRATION(S) IN OTHER MUNICIPALITIES? **Y N**  
IF YES, PLEASE ATTACH COPIES.

DO YOU HOLD A STATE LICENSE? **Y N**  
IF YES, PLEASE ATTACH COPIES.

PROJECT STATUS: NOT STARTED \_\_\_\_\_ IN PROGRESS \_\_\_\_\_ COMPLETED \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY

REGIS

VERMILION, OHIO 44089  
440-204-2410 (PHONE)  
440-204-2411 (FAX)  
bridgettriana@vermilion.net

RITA FORM \_\_\_\_\_  
OTHER CITY REGISTRATION \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ EXPIRES \_\_\_\_\_

*Any Contractor who cannot provide a current valid WORKERS COMP CERTIFICATE from the State of Ohio, MUST COMPLETE (Notarized) & RETURN THIS FORM TO THE BUILDING DEPARTMENT!*

### WORKERS' COMPENSATION AFFIDAVIT

I, \_\_\_\_\_, whose tax mailing address is  
(Print Contractor Name)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

and doing business as \_\_\_\_\_ located at  
(Print Business Name)

\_\_\_\_\_, am not required to hold  
(Print Business Address, if different from above)

a Certificate of Workers Compensation Insurance because \_\_\_\_\_

\_\_\_\_\_  
(Identify Valid Reason for Exemption)

\_\_\_\_\_  
(Date) (Signature)

**In the State of Ohio** )  
  ) SS:  
**In the County of \_\_\_\_\_** )

*Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, known to me to be doing business as \_\_\_\_\_, and acknowledged that he/she did sign the foregoing instrument on behalf of said business, duly authorized, and that the same is his/her free act and deed and the free act and deed of said business.*

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and official seal, at \_\_\_\_\_  
Ohio this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**



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: \_\_\_\_\_