

**APPLICATION FOR REGISTRATION
CITY OF CHILLICOTHE BUILDING DEPARTMENT
35 S. PAINT STREET, CHILLICOTHE, OHIO 45601
(740) 773-8980 Office - (740) 779-6476 Fax**

Requirements for registering with the City of Chillicothe Building Department.

1. Completed application.
2. Annual fee of **Fifty Dollars** (\$50.00). Registration must be renewed every 12 months. Failure to register shall be considered a first degree misdemeanor. Each day that a contractor fails to register constitutes a separate offense.
3. Original copy of Compliance Bond in the amount of Fifteen Thousand Dollars (\$15,000.00).
4. Certificate of Contractor's Liability Insurance in the amount of Three Hundred Thousand Dollars (\$300,000.00).
5. Ohio Workers Compensation Certificate. When your workers comp certificate **expires** during the year for which you are registered, you **MUST** provide a current copy. If you **do not** carry workers' compensation, **attached** sheet must be completed and **NOTARIZED**.
6. Copy of Ohio Construction Industry License if you are registering as a HVAC, refrigeration, electrical, plumbing or hydronics contractor. (*Per Ohio Revised Code, you **MUST** provide the Building Department with a copy of your State of Ohio Contractors License to perform commercial work.)

I hereby make application to the City of Chillicothe Certified Building Department for contractor registration as:
(check one or both as applies)>>

	<u>Residential</u>	<u>Commercial</u>
_____ Electrical	_____	* _____
_____ Plumbing	_____	* _____
_____ HVAC	_____	* _____
_____ Refrigeration	_____	* _____
_____ Hydronics, Steam, Gas	_____	* _____
_____ Fire/Security Detection & Suppression	_____	* _____
_____ General Contractor	_____	_____
_____ Framing & Drywall	_____	_____
_____ Roofing Contractor	_____	_____
_____ Home Improvement	_____	_____
_____ Sign (Graphics) Contractor	_____	_____
_____ Landscaping & Fencing	_____	_____
_____ Swimming Pool	_____	_____
_____ Excavator/Sewer Tapper	_____	_____
_____ Other _____	_____	_____

Business/Company Information

Business Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Federal Tax ID Number _____

Applicant Information:

Name _____ Telephone () _____
Address _____
City _____ State _____ Zip _____
Social Security Number _____

Statement By Applicant

State of Ohio Trade or Contractors License # _____, Expires _____
(Required)

Bonding Company _____, Bond Number _____

Agent's Name _____ Phone () _____

Agent's Address _____ State _____ Zip _____

Liability Insurance Company _____

Agent's Name _____ Phone () _____

Agent's Address _____ State _____ Zip _____

I hereby certify that, to the best of my knowledge and belief, all statements made herein are complete and accurate. Also I hereby agree that the business will conform with the Rules and Regulations of the City of Chillicothe and Chapter 1310 of the Codified Ordinances including all amendments thereto, relating to the registering of contractors.

Signature _____ Date _____

WORKERS COMPENSATION COMPLIANCE

As an employer you are required by the State of Ohio to provide Ohio Workers' Compensation for any employees working for you. If you are **self-employed or do not have any employees** on your payroll you are **NOT** required to carry Workers' Compensation insurance. The following is to be sign and notarized and returned with your renewal application if you **self-employed or do not have any employees**.

I HEREBY STATE DUE TO THE FACT THAT I AM SELF-EMPLOYED AND DO NOT EMPLOY ANY ADDITIONAL PEOPLE, I AM NOT REQUIRED TO PROVIDE WORKERS' COMPENSATION IN ANY FORM.

Applicant signature _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20 ____.

Notary Public

My Commission Expires _____.

COMPLIANCE BOND

**CITY OF CHILLICOTHE
BUILDING DEPARTMENT
35 S. PAINT STREET
CHILLICOTHE, OHIO 45601
(740) 773-8980 Office
(740) 779-6476 Fax**

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____,
as Principal, and _____, as Surety, are held and firmly bond
unto THE CITY OF CHILLICOTHE, OHIO, as OBLIGEE in the penal sum of **FIFTEEN
THOUSAND AND 00/100 (\$15,000.00) DOLLARS** for the payment of which well and truly to be
made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and
severally, firmly by these presents.

Signed, sealed and dated this _____ day of _____, 20__.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above principal has or is about to apply to said **CITY OF CHILLICOTHE** for
registration in accordance with Chapter 1310, including all amendments thereto, of the **CITY OF
CHILLICOTHE CODIFIED ORDINANCES**, and

WHEREAS, said bond is issued for the term beginning the _____ day of, _____, 20
_____ and ending the _____ day of, _____, 20_____.

NOW THEREFORE, the conditions of this obligation are such that if the said principal shall well and
truly comply with and faithfully discharge his duties according to the terms of said ordinance, then this
obligation shall be void, otherwise to be and remain in full force and effect, provided, however, that the
surety may (1) cancel this bond at any time by giving thirty (30) days notice in writing by registered
mail to the Department of Building of the City of Chillicothe, Ohio, but such cancellation or termination
shall not affect any liability incurred or accrued prior to the effective date of such written notice, and (2)
this bond may be extended or continued for annual periods of one year by issuance of a continuation
certificate as evidence thereof of such continuation by the Surety.

BY: _____
PRINCIPAL

BY: _____
ATTORNEY - IN - FACT