

**CITY OF BRECKSVILLE
CONTRACTOR REGISTRATION
9069 BRECKSVILLE ROAD
BRECKSVILLE, OHIO 44141
440-526-2630**



PLEASE READ THE FOLLOWING CAREFULLY:

- ◆ Provide an **ORIGINAL, SIGNED**, \$25,000 Surety Bond which must expire December 31, of the current year. **IT MUST BE ON THE CITY OF BRECKSVILLE'S BOND FORM, ALONG WITH POWER OF ATTORNEY. NO CONTINUATION CERTIFICATES OR RIDERS WILL BE ACCEPTED.**
- ◆ Provide a Certificate of Insurance – General liability and property damage with coverage of each at least \$500,000.00 and **automobile** liability including hired and non-owned automobile liability insurance. A copy of the vehicle id card is acceptable. We do not have to be named “additional insured”.
- ◆ RITA Form 48, if applicable.
- ◆ Include a check for **\$75.00** payable to “City of Brecksville”
- ◆ **ELECTRICAL, PLUMBING, REFRIGERATION, HYDRONICS and HVAC CONTRACTORS** must provide a copy of a license from the State.
- ◆ Your company name must appear **EXACTLY** the same on the **APPLICATION, SURETY BOND, and CERTIFICATE OF INSURANCE**. It will be returned to you if not correct. (Example: ABC Co., Inc. and ABC Company, Incorporated, are not considered the same company.)
- ◆ Dual trades may be on the same bond using one application and having one fee.
- ◆ Submit the **SIGNED AND COMPLETED APPLICATION, SIGNED SURETY BOND, CERTIFICATE OF INSURANCE, COPY OF LICENSE** (if applicable), **AND FEE ALL TOGETHER**. Your application will be returned if anything is missing.
- ◆ We will accept registration applications, in advance, starting December 1 of the current year for registration ending December 31 of the following calendar year.
- ◆ Any contractor who performs renovation, repairs, or painting (including window replacement) projects that disturb paint in homes, child care facilities, and schools built before 1978 must be certified by the EPA and must follow specific work practices as required by EPA to prevent lead contamination.

04-2022



CONTRACTOR REGISTRATION APPLICATION
CITY OF BRECKSVILLE
BUILDING DEPARTMENT
 9069 BRECKSVILLE ROAD, BRECKSVILLE, OHIO 44141
 TELEPHONE: 440-526-2630 FAX: 440-526-6322

APPLICANT NAME

COMPANY NAME

COMPANY STREET ADDRESS

FAX NUMBER

CITY/STATE/ZIP CODE

CELL NUMBER

PHONE NUMBER

FEDERAL ID NUMBER/SOCIAL SECURITY NUMBER

EMAIL ADDRESS

OFFICERS OR PARTNERS OF COMPANY

(1) _____ (2) _____ (3) _____

TYPE OF CONTRACTOR _____

MUNICIPALITIES REGISTERED IN

Municipality Year

Municipality Year

Municipality Year

Has your license or registration ever been suspended or revoked? _____ If so, give date and locality _____

GIVE THREE REFERENCES WHO ARE NOT RELATED TO YOU: (Name, Phone #, Occupation).

Signature of Applicant

Date of Application

OFFICE USE ONLY

License Number Issued

Check Rec'd Date

Receipt Number

PLEASE BE SURE YOU ARE USING OUR BOND FORM AND THAT THE APPLICATION AND BOND ARE SIGNED AND DATED. BE SURE THE COMPANY NAME APPEARS EXACTLY THE SAME ON YOUR BOND, CERTIFICATE OF INSURANCE, & APPLICATION. MAKE YOUR \$75.00 CHECK PAYABLE TO "CITY OF BRECKSVILLE". CONTINUATION CERTIFICATES OR RIDERS WILL NOT BE ACCEPTED.

CONTRACTORS'S BOND
CITY OF BRECKSVILLE

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, THAT

(Contractor) _____
as principal, and _____ as surety,
are held and firmly bound unto the City of Brecksville, or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure or appurtenance thereto or any part thereof, in accordance with the provisions and the requirements of the Codified Ordinances of the City of Brecksville and any building codes adopted therein by reference, in the penal sum of Twenty-Five Thousand Dollars (\$25,000.00) lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and Sealed and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that, whereas the above bound CONTRACTOR AS PRINCIPAL has made application to the Commissioner of Building for a Certificate of Registration as a contractor to engage in business to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure or appurtenance thereto or any part thereof in the City of Brecksville as required by the Building Code of Brecksville during the year beginning _____ and ending December 31, 20____, and each contractor registering with the City of Brecksville has submitted a certificate of insurance showing that the contractor is carrying general liability *and* property damage with coverage of each at least \$500,000.00, with a valid commitment from the applicant's insurance carrier (which must be authorized to do business in the State of Ohio) that the City of Brecksville shall be given thirty days' written notice before cancellation, lapsing or voiding of any such policy.

NOW, THEREFORE, if the above bound CONTRACTOR AS PRINCIPAL shall well and truly indemnify, keep and save harmless the City of Brecksville, or any of its agents or officials for the use of any person, persons, firm or corporation with whom such contractor shall contract to do work, and shall indemnify and pay any such person, firms or corporations for damage sustained on account of the failure of such contractor to perform or complete the work so contracted for or the failure to perform the work contracted for in accordance with the provisions of the Building Code of Brecksville and any other code adopted by reference by the City of Brecksville, and any and all lawful rules and regulations promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of each and all permits issued under such registration for the doing of any work required to be done in the construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto or any part thereof, then this obligation shall be void; otherwise, the same shall be and remain in full force and effect.

PRINCIPAL:

SURETY:

Contractor Signature

Printed Name

Printed Name

City, State, Zip

Street Address

By: _____
Power of Attorney Signature

City, State, Zip

(Seal)

(Updated 6/2022)



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)

Approx. # of days _____ Start Date _____

- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____	Federal ID #: _____
Address: _____	SSN : _____ <small>(required if sole proprietor)</small>
City/State/Zip: _____	
Mailing Address (for withholding tax forms / if different from above) _____ _____	Mailing Address (for net profit tax forms / if different from above) _____ _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- Calendar year
- Fiscal year / month ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No
If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) Yes No

Contractors

I am a contractor Yes No

Will you be using sub-contractors? Yes No
If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____	Title _____	Phone Number _____ / /
Signature _____	Date _____	

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		



CUYAHOGA COUNTY BOARD OF HEALTH
5550 VENTURE DRIVE
PARMA, OHIO 44130
(216) 201-2000
www.ccbh.net

TERRENCE M. ALLAN, R.S., M.P.H.
Health Commissioner



Public Health
Prevent. Promote. Protect
Northeast Ohio Public Health Partnership

US EPA's Renovation, Repair and Paint Program synopsis

Beginning April 22, 2010, contractors performing renovation, repair and painting projects that disturb paint in homes, child care facilities, and schools built before 1978 must be certified by the EPA and must follow specific work practices to prevent lead contamination.

Contractors must use lead-safe work practices and follow these three simple procedures: contain the work area, minimize dust and clean up thoroughly. Also, there are pre-renovation education requirements as well. Individuals can become certified renovators by taking an eight-hour training course from an EPA-approved training provider.

Requirements

- Anyone who receives financial compensation for work that disturbs paint in housing and child-occupied facilities built before 1978, this may include, but is not limited to:
 - Residential rental property owners/managers
 - Building service professionals
 - General contractors
 - Special trade contractors (Painters, Plumbers, Carpenters, Electricians)
- All individuals performing the activities are either EPA certified contractor or working under an EPA certified contractor
- All activities are performed in a lead safe fashion
- Distribute lead pamphlet prior to work starting
- Post proper signage

Exemptions

- Residential units or child occupying facilities built after 1978
- Dedicated senior housing or group housing for adults only
- Houses declared lead-free by a stated licensed lead risk assessor or paint inspector
- Minor work that disturbs less than 6 ft² of paint/room or less than 20 ft² of paint on the outside (window replacement is not considered minor maintenance/repair)
- Homeowners doing work on their own occupied residential unit
- Emergency renovations (imminent threat to the health and/or safety of the occupants or adjacent properties)

Serving the cities, villages and townships of Cuyahoga County since 1919

Office of the Building Department

APPLICATION FOR PERMIT / PLAN APPROVAL

DATE: _____ 20 ____ Permit/Approval Number: _____

RESIDENTIAL

COMMERCIAL

I, _____ (OWNER OR COMPANY NAME) hereby make application for approval to erect, build, alter, renovate, etc as described in this application and the accompanying drawings, which are a part of this application.

LOCATION: _____

Owner Name: _____ Own. Phone #: _____

Scope of work: _____

Square Footage: _____ Estimated Cost: \$ _____

General Contractor:

Company: _____ Ohio Registration #: _____

Contact Name: _____

Address: _____

Phone # _____ Fax # _____

Cell# _____ Other# _____

E-mail: _____

Other Contractors:

Company: _____ Phone # _____

Company: _____ Phone # _____

Company: _____ Phone # _____

The acceptance of the Permit herein applied for shall constitute an agreement on OUR - MY part to abide by all of the conditions herein contained and to comply with Ordinances of the City of Brecksville and the laws of the State of Ohio relating to the work to be done thereunder; and said agreement is a condition of said permit.

Owner OR Contractor's Signature

Date



Rev: 1/2014