

General Contractor Registration Application

Please read and follow these instructions.

Your general contractor registration consists of the following forms:

1. Application Form
2. Bond Form
3. Insurance Endorsement Form
4. Authorized Agent Listing

Application Form:

Please complete the application form. Do not leave any spaces blank. Application must be signed by applicant. Application form must be **notarized**.

Bond Form:

A minimum coverage of **\$25,000** is required. Applicants with multiple bonds (General/Demo/Sewer) must have **all** bonds begin and end on the same date.

Power-of-Attorney Form:

Insurance agent **must** attach a Power-of-Attorney Form to the contractor bond(s). The sealment dates **must** be the same on the bonds **and** on the Power-of-Attorney Form.

Certificate of Insurance:

A minimum coverage of **\$200,000** is required:

Bodily Injury: \$50,000 and \$100,000

Property Damage: \$50,000

Insurance company NAIC number **must** be included

The Insurance Certificate must also include:

1. City of Cleveland **must** be "additional insured".
2. City of Cleveland **must** be "certificate holder".
3. 10 day cancellation (not 30) **must** be given.
4. The words "endeavor to" or "try to" and "but failure to mail such notice shall impose no obligation or liability upon the company, it's agents or representatives" **must** be deleted.

Insurance Endorsement:

If your insurance agent is **not** authorized by the insurance company to delete the words in the cancellation clause, have them complete the enclosed endorsement sheet and attach it to the certificate of insurance.

Demo contractor registration:

1. Copy of Sewer Builders License from Room 122, Division of Assessments and License.
2. Demolition Bond from Department of Building and Housing, Room 505

Corporations Only:

Corporations **must** provide a copy of the Articles of Incorporation with the State Seal of Ohio.

Authorized Agents:

Names and signatures of personnel authorized to secure permits on behalf of the company **must** be provided

Fully complete all registration forms and return them to:

City of Cleveland
Dept. of Building and Housing
601 Lakeside Ave. -Room #505
Cleveland, OH 44114

**CITY OF CLEVELAND
DEPARTMENT OF BUILDING AND HOUSING
APPLICATION FOR CONTRACTOR REGISTRATION OR
CERTIFICATE OF QUALIFICATION**

Registration No. _____
Date: _____
Approved _____
Fee _____

DO NOT WRITE ABOVE

NEW APPLICANT
\$150.00

RENEWAL APPLICANT
\$120.00

TO THE DIRECTOR OF BUILDING AND HOUSING:
IN ACCORDANCE WITH THE REQUIREMENTS OF THE CODIFIED ORDINANCES OF THE CITY OF CLEVELAND THE UNDERSIGNED DOES HEREBY MAKE APPLICATION FOR CERTIFICATE OF REGISTRATION OR QUALIFICATION FOR ONE OF THE FOLLOWING LISTED BELOW :

PLEASE CHECK THE TYPE OF REGISTRATION YOU ARE APPLYING FOR:

<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> PLUMBING CONTRACTOR	<input type="checkbox"/> 1, 2, 3 FAMILY ONLY <input type="checkbox"/> ALL WORK
<input type="checkbox"/> SEWER CONTRACTOR	<input type="checkbox"/> HVAC CONTRACTOR	<input type="checkbox"/> 1, 2, 3 FAMILY ONLY <input type="checkbox"/> ALL WORK
<input type="checkbox"/> DEMO CONTRACTOR	<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> 1, 2, 3 FAMILY ONLY <input type="checkbox"/> ALL WORK
<input type="checkbox"/> JOURNEYMAN PLUMBER	<input type="checkbox"/> ELECTRICAL MAINT TECH	
<input type="checkbox"/> FIRE PLACE INSTALLER	<input type="checkbox"/> PICTURE MACHINE OPERATOR	

NAME OF APPLICANT: _____ PHONE: () _____
LAST FIRST MI

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOC. SEC. NO. _____

NAME OF COMPANY: _____ PHONE: () _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ FEDERAL I.D NO. _____

*Attach Portrait
Photo Here*

HAVE YOU EVER REGISTERED UNDER A DIFFERENT COMPANY NAME? YES NO
IF YES, WHAT WERE YOUR PREVIOUS COMPANY NAMES?

DO YOU HAVE A CITY OF CLEVELAND LICENSE? YES OR NO IF YES, LIST PREVIOUS
LICENSE NO. _____ TYPE _____

DO YOU HAVE A STATE LICENSE? YES OR NO IF YES, WHAT TYPE _____
STATE LICENSE NO. _____ EXPIRATION DATE _____

OFFICERS OF COMPANY:

NAME AND TITLE	ADDRESS	CITY	STATE	ZIP	PHONE

EXPERIENCE AND TRAINING WHICH QUALIFIES YOU FOR A CERTIFICATE OF REGISTRATION
OR QUALIFICATION ARE AS FOLLOWS (LIST TRAINING, SCHOOLING, PAST EMPLOYMENT, OR
BUSINESS ASSOCIATES, YEARS OF ACTUAL EXPERIENCE AT TRADE, ETC) .

ATTACH SEPARATE SHEET IF REQUIRED

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAS YOUR CERTIFICATE OF REGISTRATION OR QUALIFICATION EVER BEEN SUSPENDED OR REVOKED? YES OR NO IF YES, WHEN? _____ DATE OF REINSTATEMENT _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATION OF THE CLEVELAND BUILDING, ZONING, OR HOUSING CODES? YES NO IF YES, WHEN? _____

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY TO A MISDEMEANOR INVOLVING MORAL TURPITUDE OR OF ANY FELONY? YES OR NO IF YES, WHEN? _____ WHAT COURT? _____ CASE #? _____ CHARGE? _____

HAVE YOU OBTAINED OR RENEWED A CERTIFICATE OF REGISTRATION OR QUALIFICATION BY FRAUD, MISREPRESENTATION OR DECEPTION? YES OR NO

HAVE YOU ENGAGED IN FRAUD, MISREPRESENTATION OR DECEPTION IN THE CONDUCT OF BUSINESS? YES OR NO

HAVE YOU BEEN CONVICTED OF REPEATED VIOLATIONS OF THE OBC OR THE CLEVELAND BUILDING, ZONING, OR HOUSING CODES OR OTHER LAWS OR ORDINANCES REGULATING BUILDING CONSTRUCTION IN THE CITY? YES OR NO IF YES, PROVIDE DETAILS _____

IN THE PAST 12 MONTHS, HOW MANY VIOLATION NOTICES OF THE OBC, AND/OR THE CLEVELAND BUILDING, ZONING, OR HOUSING CODE HAVE YOU RECEIVED? _____ HOW MANY ARE STILL NOT CORRECTED? _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES OR NO

ARE YOU A UNITED STATES CITIZEN? YES OR NO

THE FOLLOWING NAMED AS REFERENCE ARE NOT RELATED TO ME:

	NAME	OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I DO HEREBY CERTIFY THAT I AM FAMILIAR WITH THE REQUIREMENTS OF THE BUILDING, ZONING, AND HOUSING CODES AS APPLICANT, DURING THE PAST YEAR, ALL REQUIRED PERMITS HAVE BEEN OBTAINED AND THAT ALL INSTANCES OF NON-COMPLIANCE WITH, OR VIOLATIONS OF, THE BUILDING CODES HAVE BEEN CORRECTED.

SIGNATURE

County of Cuyahoga }
State of Ohio } ss.

On this _____ day of _____ 20__ personally appeared _____
_____ to me known to be the person herein described and
having signed the above application and on oath swears, (or affirms) that all the statements herein
made, are true to the best of his knowledge and belief.

NOTARY PUBLIC

MISREPRESENTATION OF STATEMENT OR FACT MAY BE CAUSE FOR REVOCATION OR
SUSPENSION OF CERTIFICATE.

INSTRUCTIONS FOR CONTRACTOR'S BOND FORM

PLEASE READ CAREFULLY:

- 1.) The City of Cleveland Contractor's bond forms for \$25,000 must be used.
- 2.) The Contractor's bond must be **typed** and bear **original signatures** and the **seal** of the insurance and/or bonding company.
- 3.) The applicant who signed the application form **must** sign the bond as principal (**and be the same person**). For corporations an Officer of the company must sign the application and bond forms.
- 4.) One of the following categories must be used when completing the bond form:
 - A. **Individual** - If the applicant is doing business under his/her **name** only:
The bond should read as follows:

1 st blank line of bond:	<u>John/Jane Doe</u>
2 nd blank line of bond:	<u>John/Jane Doe</u>
 - B. **Company Name** - If the applicant is doing business for his/her **own company** or on behalf of **another company** the bond should read as follows:

1 st blank line of bond:	<u>John/Jane Doe</u>
2 nd blank line of bond:	<u>XYZ Construction Co.</u>
 - C. **Partnerships** - If two or more individuals have formed a partnership:
The bond should read as follows:

1 st blank line of bond:	<u>John Doe & Jane Smith</u>
2 nd blank line of bond:	<u>XYZ Construction Co.</u>
 - D. **Corporations** - If a corporation is registered, the bond **must** be signed by an **officer** of the corporation with his **title** after his **signature** and the **corporation** name above:
The bond should read as follows:

1 st blank line of bond:	<u>Corporation Name, LLC, LTD</u>
2 nd blank line of bond:	<u>Corporation Name, LLC, LTD</u>
- 5.) If a **division** of a corporation is registered, etc., it should be **first** determined whether the division is **separately incorporated** or not. If the division is **not** separately incorporated, it should be registered in the name of the **parent organization** or as a **separate** entity

DEMOLITION CONTRACTOR'S BOND

CITY OF CLEVELAND

KNOW ALL MEN BY THESE PRESENTS,
THAT _____ as principal,
doing business as _____ Company, and
_____ as surety are held
and firmly bound unto the City of Cleveland or to any of its officers, for the use of any person,
persons, firm or corporation with whom such principal shall contract to do work in the razing,
demolishing or removing of buildings or other structures, or appurtenance thereto or any part
thereof, in accordance with the provisions and the requirements of the Codified Ordinances of
the City of Cleveland, in the penal sum of Twenty-five Thousand Dollars (\$25,000), 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.

Sealed with our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH that, whereas the
above bounden principal has made application to the Director of Building and Housing for a
Certificate of Registration as a Demolition Contractor to engage in the business of razing,
demolishing, or removing of buildings or other structures, or appurtenance thereto or any part
thereof, as required by the Codified Ordinances of the City of Cleveland, during the period
beginning _____, and ending the last day of December, 20_____.

NOW, THEREFORE, if the said principal shall well and truly indemnify, keep and save
harmless the City of Cleveland, 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, persons, firm or corporation for damage sustained on account of the
failure of such Contractor to perform the work so contracted for in accordance with the provisions
of the Codified Ordinances of the City of Cleveland, 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 any permits issued under such Registration for the doing of any work
required to be done in the razing, demolishing or removing of any building, structure or appurtenance
thereto or any part thereof, then this obligation shall be null and void; otherwise, to remain in full
force and effect.

THE LEGAL FORM AND CORRECTNESS
OF THE WITHIN INSTRUMENT IS HEREBY
APPROVED

DIRECTOR OF LAW

By _____
ASSISTANT

Date _____

Principal _____ (Signature)

Address _____

Surety _____ (Seal)

Address _____

Attorney-in-fact _____

CITY OF CLEVELAND - INSURANCE ENDORSEMENT

It is agreed that such insurance as is afforded under this policy for bodily injury liability and for property damage liability also applies to the City of Cleveland, Ohio, as additional insured but only with respect to accident caused by or contributed to:

or his/her employees while performing work, other than done for the City of Cleveland, described in Division 1 (premises-operations of the item 3 of the Policy Declarations) as authorized by permit issued to:

under the Building Code of the City of Cleveland.

It is further agreed that an employee of one of the insured's named in this policy shall not be deemed to be the employee of any other insured named with whom he/she has no contact of employment, oral or written; but the limits of liability for all insured's shall not exceed the limits set forth in the policy.

In the event of any material change in/or cancellation, lapse or non-renewal of this policy, the Company will give ten (10) days notice of such change or cancellation, lapse or non-renewal to the Building Commissioner of the City of Cleveland, Ohio.

Schedule:

Limits of this policy are equal to or exceed Fifty Thousand and One Hundred Thousand (\$50,000 & \$100,000) for bodily injury and Fifty Thousand (\$50,000) for property damage.

Term of Policy: From: _____ To: _____

This endorsement forms a part of policy # _____

Agent: _____

Contractors Registration Term - From: _____ To: _____

(Notice to the City of Cleveland of termination/non-renewal is not required if the date falls after the terms of the contractor's registration period.)

Nothing herein contained shall be held up to vary, alter, waive or extend any of the terms or conditions of the policy, except as herein set forth.

Agent's Signature: _____

AUTHORIZED AGENT LISTING

I authorize the following people to sign for building permits for:

_____ Company.

PRINT

SIGNATURE

1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
7.)		
8.)		
9.)		
10.)		
11.)		
12.)		
13.)		
14.)		
15.)		

I am aware of the fact that the authorized agents that I have listed above should know my Federal I.D. and/or Social Security Number in order to secure Building Permits:

Print Name and Date

Signature