

**City of Olmsted Falls  
Department of Building and Zoning  
26100 Bagley Road  
Olmsted Falls, Ohio 44138-1897  
440-235-1055**

## **Contractor Registration**

1. Registration form **AND** RITA form filled out.
2. Check for One hundred (100.00) dollars - Payable to the City of Olmsted Falls
3. Copy of your Certificate of Insurance with minimum liability of \$500,000.00 **and shall have the City of Olmsted Falls as additional insured.**
4. Copy of State Licenses held by your company if applicable.
5. Self addressed stamped envelope for return of your registration. If no return envelope is provided, registration and/or permits will be kept in your contractor file in our office for pick-up by your company

All of the Above must be submitted together.  
Registration will not be processed until everything is submitted.

**Contractor's Working Without Proper Registration**  
**Will be CITED By Ordinance**

**DEPARTMENT OF BUILDING AND ZONING**

26100 Bagley Road, Olmsted Falls, Ohio 44138

Dear Contractor:

Please be informed that all contractors, sub-contractors, firms, corporation or persons performing work in the City of Olmsted Falls are required by law to register and provide copies of their insurance policies to the City of Olmsted Falls Building Department prior to commencing any work. Ordinance 42-94 has added painting contractors, wallpapering contractors and landscapers to the list of those required to register. In addition, all required permits must be obtained and fees paid prior to commencing work.

Contractor registration fee is \$100.00 per year, effective January 1 of each year. Copies of the contractors insurance (minimum liability of \$500,000.00) shall have the City of Olmsted Falls named as additional insured. The fee and insurance shall be submitted to the Olmsted Falls Building Department either by mail or in person. Please enclose a self-addressed, stamped envelope when registering by mail and your registration will be mailed to you. If no stamped return envelope is provided, your registration will be held in your contractor file for pick-up by your company

**APPLICATION FOR CONTRACTOR'S REGISTRATION CERTIFICATE AS  
REQUIRED BY ORDINANCE NUMBER 61-87 AND 42-94.  
PLEASE PRINT ALL INFORMATION  
THIS FORM MUST BE FILLED OUT COMPLETELY**

Company Name \_\_\_\_\_ Federal ID# \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DBA \_\_\_\_\_ Type of work performed \_\_\_\_\_

Contact Person \_\_\_\_\_ Do You Sub Contract? \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

Night Phone(\_\_\_\_) \_\_\_\_\_ Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address \_\_\_\_\_

Registered by(other) \_\_\_\_\_ Tested by \_\_\_\_\_

Have you ever been refused registration, or had your registration suspended or revoked?  
Yes \_\_\_\_\_ No \_\_\_\_\_ by whom \_\_\_\_\_

I/We so agree to abide by all codes, ordinance, laws and regulations of the City of Olmsted Falls Cuyahoga County, State of Ohio and the United States of America.

Signature \_\_\_\_\_ Title \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION. CONTRACTORS WORKING WITHOUT PROPER REGISTRATION  
WILL BE CITED BY ORDINANCE.**

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**Do Not Write below this line**

Payment enclosed \$ \_\_\_\_\_ Check# \_\_\_\_\_ Check Date \_\_\_\_\_ Date Rcvd \_\_\_\_\_

Receipt# \_\_\_\_\_ Insurance Expiration Date \_\_\_\_\_ Registration# \_\_\_\_\_

Registration For Year \_\_\_\_\_