

# APPLICATION FOR REGISTRATION

## City of Portsmouth Building Department

728 SECOND STREET, PORTSMOUTH, OHIO 45662

740-354-7557 OFFICE & 740-354-5383 FAX

### Requirements for registering with the City of Portsmouth Building Department

1. Applicants **Must** be registered with City Income Tax Division before you register with the Building Department. 740-353-3111 605 Washington St
2. Completed application.
3. Annual fee of Fifty Dollars (\$50.00). Registration must be renewed every 12 months. Failure to register shall be considered a second degree misdemeanor. Each day that a contractor fails to register constitutes a separate offense.
4. Original copy of Compliance Bond in the amount of (\$15,000.00).
5. Certificate of Contractor's Liability Insurance in the amount of Three Hundred Thousand Dollars (\$300,000.00)
6. 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 worker's compensation, attached sheet must be completed and **NOTARIZED**.
7. Copy of Ohio Construction Industry License if you are registering as an Electrical, Plumbing, HVAC, Refrigeration, or Hydronic Piping 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 apply to the City of Portsmouth Certified Building Department for Contractor registration as: (check one or both as applies)

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

### Business/Company Information

Business Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Federal Tax # \_\_\_\_\_

\* State License required

**Applicant Information:**

Owner/ Agent's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Statement by Applicant**

State of Ohio Trade or Contractors License # \_\_\_\_\_, Expires on \_\_\_\_\_  
(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 within the Rules of the City of Portsmouth and Chapter 1305 of the Codified Ordinances including all amendments thereto, relating 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 Works' Compensation insurance. The following is to be signed and notarized and returned with your renewal application if you're **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 on \_\_\_\_\_.**

# COMPLIANCE BOND

City of Portsmouth  
Building Department  
728 Second Street  
Portsmouth, Ohio 45662  
740-354-7557 Office  
740-354-5383 fax

**BOND NUMBER** \_\_\_\_\_

KNOW ALL MEN BY THERE PRESENCE, THAT WE \_\_\_\_\_

As Principal, and \_\_\_\_\_, as Surety, are held and firmly bond unto the City of Portsmouth, 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 presents.

Singed, sealed and dated this \_\_\_\_\_ day of, \_\_\_\_\_, 20 \_\_\_\_\_.

THE CONDITIONS OF ABOVE OBLIGATION ARE SUCH THAT:

**Whereas**, the above principal has in about to apply to said City of Portsmouth for registration in accordance with Chapter 1305, including all amendment thereto, of the City of Portsmouth 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 City of Portsmouth, 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 evidence thereof of continuation by the Surety.

BY: \_\_\_\_\_  
PRINCIPAL

BY: \_\_\_\_\_  
ATTORNEY-IN-FACT