



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

All contractors doing work in the city of Portsmouth MUST be registered with the Building Department. Requirements for registering with the City of Portsmouth Building Department:

1. Applicants MUST register with the **City Income Tax Division** before you register with the Building Department. **740-353-3111 - 605 Washington St., Portsmouth, Ohio.**
2. Completed Application
3. Annual fee of **One Hundred Dollars (\$100.00)** per each discipline. 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 Compliance Bond in the amount of Fifteen Thousand Dollars (\$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 certificate expires during the year for which you are registered, you MUST provide a current copy. If you do not carry worker's compensation, the attached sheet must be completed and **NOTARIZED**
7. Copy of Ohio Construction Industry License if you are registering as an Electrical, Plumbing, HVAC, Refrigeration, Hydronic Piping Contractor, or Fire/Security Detection Suppression. (*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>
<input type="checkbox"/> Electrical	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Plumbing	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> HVAC	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Refrigeration	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Hydronic, Steam, Gas	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> Fire/Security Detection & Suppression	<input type="checkbox"/>	* <input type="checkbox"/>
<input type="checkbox"/> General Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concrete Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Framing & Drywall Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Roofing Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home Improvement	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sign (Graphics) Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landscaping & Fencing Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swimming Pool Contractor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Excavator/Sewer Installer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Contractors _____	<input type="checkbox"/>	<input type="checkbox"/>

Business Name _____

Address _____

City _____ State _____

Telephone # () _____ Fax# () _____ Federal Tax# _____

*State License Required

Applicant Information

Owner/Agent's Name _____ Telephone# () _____

Address _____

City _____

Statement by Applicant

Statement of Ohio Trade or Contractors License # _____, Expires on _____
Required

Bonding Company _____

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 contracts.

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 are **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 St., Room 25
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.

Signed, 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 of Surety.

BY: _____
PRINCIPAL

BY: _____
ATTORNEY-IN-FACT