

# CITY OF MIDDLEBURG HEIGHTS

## CONTRACTOR REGISTRATION APPLICATION

15700 BAGLEY ROAD  
MIDDLEBURG HEIGHTS, OHIO 44130



Phone (440) 234-2218/Fax (440) 234-9092  
E-mail: [building@middleburgheights.com](mailto:building@middleburgheights.com)

Please type or print ALL information in ink. **Incomplete applications will be returned and will delay the processing of your registration.** Making application to register as a contractor within the corporate limits of Middleburg Heights, Ohio, is in accordance with the requirements of Chapter 743 of the Codified Ordinances.

All general contractors and subcontractors shall be required to register with the Building Department prior to the issuance of a permit. Registrations can be applied for in person or by mail. To expedite your paperwork, please enclose a self-addressed stamped envelope when mailing your application. **\*\* Please note change in bond requirement \*\***

### APPLICATION REQUIREMENTS

1. **REGISTRATION FEE OF \$100** (CASH OR CHECK MADE PAYABLE TO THE CITY OF MIDDLEBURG HEIGHTS)
2. **\*\*\$25,000 SURETY BOND\*\*** - (ORIGINAL MUST BE SIGNED; WE DO NOT SUPPLY BOND FORM)  
(BOND IS TO EXPIRE ONE YEAR FROM DATE OF REGISTRATION & MUST STATE TYPE OF CONTRACTOR YOU ARE)
3. **CERTIFICATE OF INSURANCE** (LISTING MIDDLEBURG HTS. AS ADDITIONAL INSURED AND CERTIFICATE HOLDER)
4. **PHOTOCOPY OF CURRENT WORKERS' COMPENSATION** – *Required by State of Ohio if you have employees*
5. **PHOTOCOPY OF STATE LICENSE:** THE FOLLOWING CONTRACTORS REQUIRE STATE LICENSING.  
CHECK THE BOX TO WHICH YOU CARRY A STATE LICENSE, WRITE YOUR NUMBER & ENCLOSE A COPY.

<input type="checkbox"/> ELECTRICAL _____ <input type="checkbox"/> PLUMBING _____ <input type="checkbox"/> FIRE PROTECTION _____	<input type="checkbox"/> HVAC _____ <input type="checkbox"/> HYDRONIC _____ <input type="checkbox"/> REFRIGERATION _____
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6. **REGISTRATION APPLICATION FORM TO BE FILLED OUT COMPLETELY** (BOTH SIDES)

Registration with R.I.T.A. ([www.RitaOhio.com](http://www.RitaOhio.com)) is required when performing work in the city of Middleburg Heights. **Please submit forms directly to R.I.T.A., not with this registration.**

Company Name \_\_\_\_\_ Fed I.D. # \_\_\_\_\_

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

Company Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Company Owner Name \_\_\_\_\_ Cell # \_\_\_\_\_

Additional Officers/Owners in Company \_\_\_\_\_

Contractor Type \_\_\_\_\_  
(For example: General, Concrete, Waterproofing, Electrical, HVAC, Roofing, etc.)

**(TURN OVER)**

How many years of experience does the applicant hold? \_\_\_\_\_ years

How many years performing work under the present business name? \_\_\_\_\_ years

Have you owned and/or operated another business in the same trade for which you are applying now?

No  Yes: Name of business: \_\_\_\_\_

Do you have any past or pending court actions regarding any businesses you owned and/or operated?

No  Yes: Please specify: \_\_\_\_\_

List the names of two other municipalities in which you are registered:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Has your license or registration ever been suspended or revoked in any municipality?  No  Yes

If so, give year and locality: \_\_\_\_\_

**\* CERTIFICATION OF LEAD SAFE WORK PRACTICES BY CONTRACTORS \***

*Any person who performs renovation, repairs or painting of a residential property, or child occupying facility for compensation, must be US EPA certified in lead safe work practices and registered as a certified firm with the US EPA.*

I do not conduct the activities listed above.

I do conduct the activities listed above. *(Please attach US EPA RRP certification & registration)*

I have read and completed both sides of this contractor registration application. I do hereby certify that I will abide by the provisions of Chapter 743 of the Codified Ordinances of the city of Middleburg Heights, that I am fully aware of the requirement of the same, that any misrepresentation of data or facts will be cause for refusal, suspension or revocation of this license if issued.

\_\_\_\_\_  
Signature & Title of Applicant

\_\_\_\_\_  
Date

**Inspections:** Inspections can be scheduled with a Building Department secretary at any time prior to the date needed, or up to 9:30 a.m. of the same day. Inspections are scheduled from 10:00 a.m. to 3:00 p.m. – times given are approximate. Please call 440-234-2218.

Additional permits/applications can be found online at [www.middleburgheights.com](http://www.middleburgheights.com)