



University Heights Contractor Registration Form

There are 5 pages to this document

Phone: 216-932-7800

Fax: 216-932-5239

Mailing Address: Building Department
City of University Heights
2300 Warrensville Center
Road University Heights, OH
44118

Dear Contractor:

This checklist is provided for your convenience in order to insure that all the necessary paperwork for contractor registration is sent at one time, thus avoiding unnecessary delays in the processing of your certificate. If there are any questions, please call our department at 216-932-7800 between the hours of 8:00am and 4:00pm, Monday thru Friday.

Certificate of liability insurance

We do not have to be named additional insured

\$10,000 surety bond, payable to the city

On our form (attached) or on your insurance company's form

Completed, notarized application (attached)

Completed, notarized agreement (attached)

\$100.00 application fee

Completed and signed municipal income tax withholding form (attached)

Please enclose a self-addressed stamped envelope when registering by mail. Thank you for your cooperation in this matter.

Application for Contractor Registration in the State of Ohio

County of Cuyahoga SS

City of University Heights - Division of Building

Ordinance 89-45

Firm Name: _____

Authorized Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address _____

Type of Contractor: _____

Previous City of University Heights Registration Number: _____

State License # _____ (Electrical, Hydronics, HVAC, Plumbing and Refrigeration Contractors doing State code regulated projects only.)

Experience or Qualifications: _____

Federal I. D. Number: _____

List names of any additional parties or officers responsible for the conduct of the contractor or subcontractor with all Federal Identification Numbers.

I hereby affirm that the statements contained herein are true and factual and complete.

Applicant's Signature, Title

Sworn and subscribed in my presence:

Notary Public:

My Commission Expires: _____

.....
(For office use only)

\$10,000.00 Surety Bond Certificate Benefitting the City of University Heights: _____

Liability Insurance Expiration Date: _____

*Approved, Building Commissioner/
Assistant Building Commissioner*

Date

Receipt Number: _____ Certificate Number: _____



To: All Contractors
From: Director of Finance
Re: Municipal Income Tax Withholding

As part of the permit application process, you are asked to provide the requested information below. Section 181.03 of the Codified Ordinances of the City of University Heights states in part that a tax of two and one-half percent (2.5%) shall be imposed on "all salaries, wages, commissions and other compensation earned ... by nonresidents of the City for work done or services performed or rendered within the City."

All payments are required to be made to the Regional Income Tax Agency (R.I.T.A.), 10107 Brecksville Rd., Brecksville, OH 44141 on a Form 11. This form may be obtained either directly from R.I.T.A. or City of University Heights Finance Department. Form 11 is also available at www.ritaohio.com. Thank you for your cooperation in this matter.

Please Print Company name below

_____ acknowledges the tax liability of 2.5 percent to the City of University Heights for work performed in the City and will withhold from employees any tax due. If no employees will be working, a list of sub-contractors is attached.

Name (Please Print)

Signature

Title

Address

City, State, Zip

Federal I.D.

Date

Contractor's Bond, City of University Heights

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 University Heights or to any of its officers, for the use of any person, persons, firm or corporation with whom such principal shall contract to construct, alter, repair, add to, subtract from, reconstruct or remodel any building, structure, or appurtenance thereto or any part thereof, in accordance with the provisions and the requirements of the Codified Ordinances of the City of University Heights, in the penal sum of Ten Thousand Dollars (\$10,000.00), lawful money of the United States, for the payment of which sum well and truly made, we bind ourselves, our heirs, our 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 Commissioner of Building for a Certificate of Registration as Contractor to engage in the business of constructing, altering, repairing, adding to, subtracting from, reconstructing, or remodeling any building, structure, or appurtenance thereto or any part thereof, as required by the Codified Ordinances of the City of University Heights, during the period beginning, and ending the last day of 20 _____ .

NOW, THEREFORE, if the said principal shall well and truly indemnify, keep and save harmless the City of University Heights, or any of its agents or officials for the use of any person, persons, firm, or corporation with whom such Contractor shall contact 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 University Heights, and any and all lawful rules and regulations promulgated under the authority thereof, and from or by any 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 construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling 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.

Principal:

Signature

Address: _____

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

Surety: _____

(Seal)

Director of Law

Address: _____

Assistant

Attorney-in-Fact