City of Broadview Heights

SAM ALAI, MAYOR

BUILDING DEPARTMENT
9543 BROADVIEW ROAD, BLDG. 7
BROADVIEW HEIGHTS, OH 44147
TEL: 440-526-6864; FAX: 440-526-3091

HIGHEST OF THE HEIGHTS

Notice

Contractor registration and bond requirements have changed for the City of Broadview Heights.

Effective for all contractor registrations and bonds received by the Building department on and after **February 1, 2017** the City provided bond form must be used. No other bond forms will be accepted.

Date of notice: January 23, 2017

Michael Skvasik

Building Commissioner

cc: Building Commissioner; File

City of Broadview Heights

Building & Zoning Department
9543 Broadview Road, Room 212
Broadview Heights, Ohio 44147
Tel: 440-526-6864; Fax: 440-526-3091
www.broadview-heights.org e-mail: building@broadview-heights.org

2017
BUILDING TRADE REGISTRATION AND REGISTRATION WITH INCOME TAX ADMINISTRATOR

Any and all general contractors, contractors, subcontractors and landscapers performing any work (regardless of whether a permit is required) within the City shall register with the City and City Income Tax Administrator prior to beginning any work in the City of Broadview Heights.

Attached are the forms that need to be completed for your trade, please print or type all required information in full. **ANY APPLICATIONS MISSING INFORMATION WILL NOT BE PROCESSED.**

Applicants are required to submit the following:

1) **$100.00 registration fee - CASH OR CHECK ONLY**. Check made payable to the City of Broadview Heights. Do not staple check to paperwork.

2) **Bond** guaranteeing full and faithful compliance with all provisions of the Building Code, ordinances of the City and/or rules and regulations**, in the amount of $25,000**.
YOU MUST USE THE CITY'S BOND FORM (ATTACHED). Your Insurance Company shall place their seal on the City Bond form, along with Power of Attorney, the expiration date is 12/31 of the current calendar year, and CONTINUATIONS ARE NOT ACCEPTED. PLEASE REMEMBER TO SIGN YOUR BOND.

3) **Certificate of insurance** (bodily injury $l00,000/$300,000 and property damage of at least $50,000) **listing the City of Broadview Heights as a certificate holder.**

4) **ELECTRICAL, HVAC, PLUMBING, REFRIGERATION, HYDRONIC CONTRACTORS** shall hold a valid state license issued pursuant to Chapter 4740 of the Ohio Revised Code. A COPY OF THE STATE LICENSE MUST BE INCLUDED WITH THE REGISTRATION APPLICATION.

5) **A copy of State of Ohio Worker's Compensation Certificate must be included**.

6) **Business Registration Form 48 MUST be completed and included EACH year.**

When all necessary information is received, the paperwork will be processed and, the registration will be issued to you through the mail, **IF YOU INCLUDE A STAMPED SELF-ADDRESSED LETTER SIZE ENVELOPE.**

NOTICES

#1: All contractors (whether engaged as a prime or subcontractor) are hereby notified that they must fully comply with all applicable, city, state and federal tax codes including, but not limited to, worker's compensation laws, unemployment compensation laws (whether state and/or federal), all applicable withholding taxes for employees, and applicable permit fees. Failure to so comply may result in fine and/or imprisonment as otherwise provided by law as well as revocation of the registration.

#2: All contractors who begin work in the city without first obtaining a registration may be subject to a stop work order and court citation. The fine for this offense is considered to be a first-degree misdemeanor with a daily penalty of up to $1,000 and 6 months in jail.

#3: All registrations expire December 31st.

CITY OF BROADVIEW HEIGHTS

LICENSE / REGISTRATION AND PERMIT BOND

Effective Date:_____

KNOW ALL PERSONS BY THESE PRESENTS: BOND NO._____

That we, _____
(Principal Name)

Of _____, State of _____, as Principal,

and _____, a corporation duly licensed
(Surety Company Name)

to do surety business in the State of Ohio, as Surety, are held and firmly bound unto the CITY OF BROADVIEW HEIGHTS, State of OHIO, as Obligee, in the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($ 25,000.00), Lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been

Registered as (an)(a) _____ by the Obligee.

NOW THEREFORE, this bond shall guarantee full and faithful compliance by the applicant / principal with all provisions of the Building Code, Ordinances and rules and regulations of the City of Broadview Heights and shall bind the surety thereon to correct or abate any violation of the Building Code, Ordinances and rules and regulations of the City or such rules and regulations, whenever the applicant for the named license as principal on such bond refuses, neglects or fails to correct or abate such violation within a reasonable time limit set by the Building Commissioner. **THIS BOND SHALL INURE TO THE BENEFIT OF ANY PERSON MAKING A COMPLAINT OF SUCH VIOLATION AS WELL AS TO THE CITY OF BROADVIEW HEIGHTS.**

This obligation to be void, otherwise to remain in full force and effect for the current calendar year ending **December 31,** _____.

Dated this _____ day of _____, _____.

SEAL:

_____
Principal

_____
Principal

BY _____
Surety Agent Executing Bond

*******ABOVE INFORMATION MUST BE COMPLETED IN FULL*******

1/18/17

CITY OF BROADVIEW HEIGHTS
BUILDING & ZONING DEPARTMENT
APPLICATION FOR BUILDING TRADE REGISTRATION

Name of firm, partnership or corporation:

_____
Name

_____
Place of business address

_____
City Zip

(___)_____ (____)_____
Telephone Fax

_____
E-mail

Authorized Representative:

_____
Name

_____
Address

_____
City Zip

_____
Telephone

_____
Mobile phone

The following are officers or partners in the above named company:

1) _____ 2) _____

I do hereby make application to Registration as a (type of building trade)

_____ _____ within the corporation limits of Broadview Heights Ohio in accordance with the requirements of Chapters 1445 &1446 of the City's Building Code.

This is certification that the applicant for the Registration is qualified to perform the work of the type of building trade for which this application is made. The following are the qualifications, experience and training which qualify me (us). Any specialty contractor (Electrical, HVAC, Plumbing, Refrigeration, Hydronic) shall hold a valid state license issued pursuant to Chapter 4740 of the Ohio Revised Code.

_____

_____

_____

OCILB LICENSE #_____ EXPIRATION DATE _____

WORKER'S COMPENSATION # _____EXPIRATION DATE _____

I/we agree to conform to all City ordinances as well as all applicable State and Federal laws and regulations that may be in effect at the time the registration is valid.

Signature of Authorized Representative: _____

Date: _____

Note: All Building Trade Registrations expire on December 31 next following the date of issuance.

E-FILE
REGIONAL INCOME TAX AGENCY

www.ritaohio.com

BUSINESS REGISTRATION FORM 48

_____
MUNICIPALITY

FEDERAL IDENTIFICATION NUMBER
__ __ – __ __ __ __ __ __ __

SOCIAL SECURITY NUMBER (COMPLETE **ONLY** IF A SOLE PROPRIETOR)
__ __ __ – __ __ – __ __ __ __

FILING STATUS: ☐ CORPORATION ☐ ESTATE/TRUST ☐ LLC ☐ NON-PROFIT ☐ PARTNERSHIP ☐ S-CORP. ☐ SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS _____ ☐ TRANSPORTATION ☐ NON MANUFACTURING ☐ MANUFACTURING ☐ WHOLESALE

☐ RETAIL ☐ FINANCE ☐ SERVICES ☐ PUBLIC ADMINISTRATION ☐ NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY **ONE**) ☐ YES ☐ NO ARE CONTRACTORS UTILIZED? (CHECK ONLY **ONE**) ☐ YES ☐ NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? ☐ YES ☐ NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (_____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ (MONTH) / _____ (DAY) / _____ (YEAR)

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (_____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900 BROADVIEW HEIGHTS, OHIO 44147-7900

CLEVELAND LOCAL: (440) 526-0900
FAX: (440) 526-3136

COLUMBUS LOCAL: (614) 538-0512
TDD: (440) 526-5332

YOUNGSTOWN LOCAL: (330) 743-3400
TOLL FREE: 1-(800) 860-RITA (7482)

CONTRACTOR INFORMATION

MUNICIPALITY: _____

ADDRESS OF CONSTRUCTION SITE: _____

_____

_____

BUILDING PERMIT #: _____

TOTAL CONTRACT AMOUNT: $ _____

As the contractor, will your company be withholding local income tax from all employees on the job? ☐ YES ☐ NO

	COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
CONTRACTOR							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							
CONTRACTOR SUB							

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

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