

**APPLICATION FOR CONTRACTOR REGISTRATION**  
**CITY OF CHILlicothe BUILDING DEPARTMENT**

**Requirements for registering with the City of Chillicothe Building Department.**

1. Completed application.
2. Annual fee of **One Hundred Dollars** (\$100.00). **CHECK OR CASH ONLY**. Registration must be renewed every 12 months. Failure to register will result in termination of all work on the project and/or an assessment amounting to double the cost of the registration fee for each offense. Each day that a contractor fails to register constitutes a separate offense.
3. Original copy of Compliance Bond in the amount of Fifteen Thousand Dollars (\$15,000.00).
4. Certificate of Contractor's Liability Insurance in the amount of Three Hundred Thousand Dollars (\$300,000.00).
5. 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 workers' compensation, **attached** sheet must be completed and **NOTARIZED**.
6. Copy of Ohio Construction Industry License if you are registering as a HVAC, refrigeration, electrical, plumbing or hydronics 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.)
7. All contractors registering with the Chillicothe Building Department for the **FIRST** time must also submit the attached City of Chillicothe Income Tax forms at the time of registration. Questions concerning the income tax forms are to be directed to the Chillicothe Income Tax Department at 740-773-1161.

I hereby make application to the City of Chillicothe Certified Building Department for contractor registration as:  
 (check one or both as applies):

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

**Business/Company Information**

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

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

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

Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

**Applicant Information:**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_

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

**Statement By Applicant:**

State of Ohio Trade or Contractors License # \_\_\_\_\_, Expires \_\_\_\_\_  
(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. In addition, I hereby agree that the business will conform with the Rules and Regulations of the City of Chillicothe and **Chapter 1310 of the Codified Ordinances** including all amendments thereto, relating to the registering 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 Workers' Compensation insurance. The following is to be sign and notarized and returned with your renewal application if you **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: \_\_\_\_\_.

# COMPLIANCE BOND

CITY OF CHILLICOTHE  
BUILDING DEPARTMENT  
35 S. PAINT STREET  
CHILLICOTHE, OHIO 45601  
(740) 773-8980 Office  
(740) 779-6476 Fax

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

KNOW ALL MEN BY THESE PRESENTS, THAT WE \_\_\_\_\_,  
as Principal, and \_\_\_\_\_, as Surety, are held and firmly bond unto THE CITY  
OF CHILLICOTHE, 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 these presents.

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

## THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

**WHEREAS**, the above principal has or is about to apply to said **CITY OF CHILLICOTHE** for  
registration in accordance with **Chapter 1310**, including all amendments thereto, of the CITY OF  
CHILLICOTHE 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 Department of Building of  
the City of Chillicothe, 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 extended or continued for annual  
periods of one year by issuance of a continuation certificate as evidence thereof of such continuation by the  
Surety.

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

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