



City of Sheffield Lake

BUILDING DEPARTMENT

609 Harris Rd., Sheffield Lake, Ohio 44054
Phone (440)949-5767 - Fax (440)949-7179

APPLICATION FOR CONTRACTORS REGISTRATION

Name of Firm _____ Date _____
Address _____
City _____ Zip _____
Phone _____ Fax _____
Type of Work _____

Name and Address of Head of Firm

Length of Time in Business _____
State License# _____ Worker's Comp# _____
Soc. Security# _____ and/or Tax ID# _____

Bank Reference _____

Name of person/bank/contractor who will attest as to your ability, integrity, and financial responsibility.

Name _____ Address _____
Phone _____

I, We, the undersigned, request registration to perform work described above. We acknowledge all work performed will be subject to the (RCO) Residential Code of Ohio, the (OBC) Ohio Building Code and the City of Sheffield Lake codified ordinances.

BY _____

Issue Date _____
Application# _____

_____ General Contractor	\$150.00
_____ Sub-Contractor	\$112.50
_____ Landscaping/Tree Trimmer	\$ 75.00
_____ Seasonal Contractor (Mowing)	\$ 50.00

**PROOF OF INSURANCE IS REQUIRED WITH THE CITY OF SHEFFIELD LAKE
NAMED AS CERTIFICATE HOLDER**