



# City of Sheffield Lake

609 Harris Road Phone: (440) 949-5767 Fax: (440) 949-7179

## REQUIREMENTS FOR REGISTRATION

1. Application completed and returned
2. Certificate of Insurance with the City of Sheffield Lake named as the Additionally Insured
3. A check or cash made out to the City of Sheffield Lake (See FEES listed below)
4. Licensed Contractors must supply a copy of their Certification from the State of Ohio

Include a Self-addressed, Stamped Envelope if applying by mail

Applications missing required documents or information will be returned

## APPLICATION FOR CONTRACTOR'S REGISTRATION

Applicant: (company name) \_\_\_\_\_

Address: (street, city, state, zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Fed. I.D. # or SS#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

### Circle One:

- |                             |                                 |                       |
|-----------------------------|---------------------------------|-----------------------|
| General/Remodeler           | Fence/Utility Bldgs.            | Waterproofing/Sewer   |
| Electrical (Cert. required) | Plumber (Cert. required)        | HVAC (Cert. required) |
| Concrete/Masons/Paving      | Landscaping/Tree Svc/Irrigation | Demolition/Excavation |

### FEES:

General Contractor	Sub-Contractor	Landscaping/Tree Trimmer	Seasonal (Mowing)
\$125.00	\$125.00	\$75.00	\$50.00

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Office Use Only

Reg. No.: \_\_\_\_\_ Reg. Date: \_\_\_\_\_ Check # or Cash: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_