



Cleveland Heights Building Department
 40 Severance Circle
 Cleveland Heights, OH 44118
 216-291-4900 / FAX 291-4421

REGISTRATION
 (YEAR)

CONTRACTOR REGISTRATION APPLICATION

Application is for (check all that apply): FEE: \$100 per trade.

- General Contractor --- *What is your speciality type of work?* _____
 - Electrician
 - Plumber
 - HVAC
 - Hydronics
 - Refrigeration
 - Fire Suppression/Alarms
- Note: Registration application for specific trades must be accompanied by a State License for that trade.*

TYPE OR PRINT ALL INFORMATION

CONTRACTOR BUSINESS NAME: _____

BUSINESS OWNER'S NAME: _____
 (If corporation or partnership, list all other officers or partners on page 4)

BUSINESS ADDRESS: _____
 (street number)

 (city, state, zip)

BUSINESS PHONE: _____ CELL: _____ PAGER: _____
 Is this an Answering or Secretarial Service #? YES NO

BUSINESS OWNER'S HOME ADDRESS (if different from above):

BUSINESS OWNER'S HOME PHONE: _____ E-MAIL: _____

PRINCIPAL'S OR SOLE PROPRIETOR'S S.S. # _____

TAX I.D. NUMBER: _____ DATE OF BIRTH _____

OTHER PERSONS AUTHORIZED TO OBTAIN PERMITS IN APPLICANT'S NAME:

BOND EXPIRATION DATE: _____ INSURANCE EXPIRATION DATE: _____

STATE LICENSED? ___NO___ YES-LICENSE # _____ EXPIRE.DATE _____

I hereby affirm the above information is accurate and correct under penalty of law.

_____/_____/_____
 Signature of Applicant / Print Name Date

 ** [OFFICE USE ONLY]**

DATE RECEIVED

FEE PAID:\$ _____ {CHECK# _____ or CASH}

REGISTRATION # _____
 CONTRACTOR _____

OTHER OFFICERS OR PARTNERS; NAMES/HOME ADDRESSES/TELEPHONE #

NAME: _____

HOME ADDRESS: _____
(street) (city) (state) (zip)

TELEPHONE NUMBER: _____

NAME: _____

HOME ADDRESS: _____
(street) (city) (state) (zip)

TELEPHONE NUMBER: _____

NAME: _____

HOME ADDRESS: _____
(street) (city) (state) (zip)

TELEPHONE NUMBER: _____

NAME: _____

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