



APPLICATION FOR CONTRACTOR'S REGISTRATION

City of Steubenville
Planning and Zoning Commission
Building Inspection Division
115 South Third St., Ste 108
Steubenville OH 43952
(740) 283-6000 extension 1700
(740) 283-6082 FAX

OWNER: _____

TRADE NAME: _____

ADDRESS: _____

TELEPHONE: _____ TYPE OF BUSINESS: _____

TAX ID#: _____ EMAIL ADDRESS: _____

The undersigned agrees to comply with all applicable building codes and the Codified Ordinances of the City of Steubenville.

Signature: _____ Date: _____

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REQUIRED SUBMISSIONS

CERTIFICATE OF LIABILITY INSURANCE (Minimum - \$100,000/\$300,000)
The "City of Steubenville" shall be shown as Certificate Holder (____)

COPY OF WORKMEN'S COMPENSATION CERTIFICATE (____)
(If exempt, signed and notarized statement must be attached)

BUSINESS QUESTIONNAIRE (ONLY IF NEW APPLICATION) (____)

APPLICATION FEE (JANUARY 1ST THROUGH DECEMBER 31ST)(Select One)

- | | | | |
|-----|--|-----------------|--------|
| (A) | Commercial & Residential (over \$100,000) | \$100.00 | (____) |
| (B) | Commercial & Residential (\$30,000 to \$100,000) | \$ 75.00 | (____) |
| (C) | Residential Only (up to \$30,000) | \$ 50.00 | (____) |

MECHANICAL CONTRACTORS

ELECTRICAL, HVAC, REFRIGERATION & HYDRONICS (MUST BE STATE CERTIFIED IN OHIO)

OHIO STATE ID NUMBER _____

EXP. DATE _____

ALL SUB-CONTRACTORS MUST BE REGISTERED

FOR OFFICE USE ONLY

CONTRACTOR'S REGISTRATION NUMBER: _____

DATE RECEIVED: _____ FEE RECEIVED: _____