November 1, 2017

Contractor Registration Types

1. Communication Wiring (Low-voltage; alarm, security, vacuum, etc.)
2. Demolition
3. Electrical **
4. Fire Alarm **
5. Fire Suppression **
6. General Contractor (concrete; excavator; home builder; roofing; siding; sign)
7. HVAC ** (Fireplace; Kitchen Hood; Mechanical)
8. Hydronic **
9. Kitchen Hood Suppression **
10. Medical Gas**
11. Plumbing **
12. Refrigeration **
13. Underground Fire Main **
14. Other (as required by Chief Building Official)

** Requires current State of Ohio License Certificate (O.C.I.L.B or State Fire Marshal) **
COUNTY OF SUMMIT, OHIO
Ilene Shapiro, County Executive

Department of Development, Building Standards Division · buildingstandards.summitoh.net ·
1030 East Tallmadge Avenue · Akron, Ohio 44310 · 330.630.7280 · fax 330.630.7296

Contractor Registration Application

Registration Fee $125.00 per registration  $75.00 Renewal Fee if paid prior to expiration

Business Name: ___________________________ Date: ________________

Business Type: Sole Proprietorship / Partnership / Corporation / LLC. / Other

Business Address: __________________________

City: _______________ State: ___________ Zip: ___________

Business Phone: ___________________________ Fax: ___________________________

Mobile Phone: ___________________________ E-Mail: ___________________________

Online User Name: __________________________

Registrant Name: ___________________________ Home Phone: ___________________________

Registration Type: ___________________________ Federal ID #: ___________________________

State License Number: ___________________________ Expiration Date: ___________________________

Signature: __________________________________

County of Summit, Building Standards Division requires the following:

1. Original $10,000 Contractors Surety Bond (County bond form), with power of attorney attached.
   (Continuation Certificate with expiration date is acceptable with renewals)

2. Certificate of liability insurance.

3. Attach current OCILB / State Fire Marshal’s license (if applicable).

Notary: ___________________________ Date: ___________________________

My Commission Expires: ___________________________
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Contractor Registration Bond

Bond Number ______________

Know all men by these present that we ______________________________ (Contractor Company Name)
located at __________________________ in the State of ________________________,
(Business Address)
as principal, and __________________________ a corporation duly licensed
(Bonding Company)
to do surety business in the State of Ohio, as surety, are held and firmly bound unto the
County of Summit and its citizenry, as obligee, in the penal sum of not to exceed
Ten Thousand Dollars ($10,000.00) lawful money of the United States, for which payment
well and truly to be made, we bind ourselves and our legal representatives, firmly by these
presents.

The condition of the above obligation is such, that, whereas, the principal has been
registered as a contractor by the obligee.

Now, therefore, if the principal shall perform its work in the County of Summit in a workman
like manner and faithfully perform the duties and in all things comply with the laws of the
County of Summit, including all amendments thereto, pertaining to the license or the permit
applied for, then this obligation to be void; otherwise, to remain in full force and effect until
cancelled by the surety as provided below or released by the obligee.

This bond may be terminated at any time by the surety upon sending written notice by first
class U.S. mail to the oblige and the principal at the address last known to surety, and at
the expiration of thirty (30) days from the mailing of said notice, this bond shall terminate
and the surety shall be relieved from any liability for any acts or omissions of the principal
subsequent to that date. The surety shall not be liable for more than the amount of this
bond, regardless of the number of claims made against this bond or the number of years
this bond remains in force. Any revision of the amount of this bond shall be cumulative.

Dated; this __________________day of _______________________, 20____.

Date of expiration ______________________________

Principal:

Surety: ______________________________
Address: ______________________________
State: __________ Zip: __________
Phone: ______________________________
By: ______________________________
Title: ______________________________