

# COUNTY OF SUMMIT, OHIO

Ilene Shapiro, Executive

Building Standards Division · [buildingstandards.summitoh.net](http://buildingstandards.summitoh.net)

1030 East Tallmadge Avenue · Akron, Ohio 44310 · 330.630.7280 · fax 330.630.7296

January 1, 2020

## 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) \*\***

Respectfully,

*Christopher Randles, CBO*

Christopher Randles  
Chief Building Official

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## **Contractor Registration Application**

**Registration Fee \$145.00 per registration    \$90.00 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 obligee 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: \_\_\_\_\_