

CITY OF SEVEN HILLS BUILDING DEPARTMENT CONTRACTOR REGISTRATION 2012

7325 Summitview Drive

Seven Hills, Ohio 44131

216.524.4427 Fax 216.525.6283

I/We make application for registration to operate as a Contractor, within the corporation limits of the CITY OF SEVEN HILLS, OHIO, in accordance with the requirements of Chapter 1123, of the Codified Ordinances of the CITY OF SEVEN HILLS.

NAME OF BUSINESS:	FEDERAL I.D. #
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TYPE OF BUSINESS:	GENERAL	PLUMBING	ELECTRICAL	HVAC	LOW VOLTAGE	FIRE SUPPRESSION/SPRINKLER
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STREET ADDRESS	CITY	STATE	ZIP CODE
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PHONE	FAX	CELL PHONE	EMAIL
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LIST INDIVIDUALS AUTHORIZED TO OBTAIN PERMITS UNDER YOUR REGISTRATION:

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NAME and PHONE NO. OF PERSON RESPONSIBLE FOR BUSINESS OPERATION: *** last four digits

PHONE: - -	S.S.#	Required
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RESIDENCE ADDRESS	CITY	STATE	ZIP CODE
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OFFICER'S OR PARTNER'S NAME AND ADDRESS IN ABOVE NAMED BUSINESS:

NAME	STREET ADDRESS	CITY
STATE	ZIP CODE	PHONE
NAME	STREET ADDRESS	CITY
STATE	ZIP CODE	PHONE
NAME	STREET ADDRESS	CITY
STATE	ZIP CODE	PHONE

LIST TWO CURRENT REGISTRATIONS OR LICENSES IN OTHER MUNICIPALITIES:

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HAS YOUR LICENSE AND/OR REGISTRATION IN ANY JURISDICTION EVER BEEN SUSPENDED OR REVOKED?

_____ YES/NO IF YES, GIVE DATE, LOCATION AND REASON OF REVOCATION:

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I do hereby certify, that I will abide by the provisions of the Codified Ordinances of the CITY OF SEVEN HILLS, OHIO, and I am fully aware of the requirements of the same, and that any misrepresentations of facts will be cause for refusal of registration or revocation of registration when issued. I have attached any State of Ohio Contractors licenses I/we hold to this application.

(Authorized Signature)

(Application Date)

-----Building Department use below this line-----

Building Commissioner

Date

Registration Number Assigned _____

Date Approved _____

App # _____ Receipt # _____