

**CITY OF PARMA**  
**MORTGAGE FIELD SERVICES COMPANY**  
**REGISTRATION REQUIREMENTS**

If you perform any work other than as a mortgage field services company or lawn maintenance, you **MUST** register as a general contractor.

The following items are required by the City of Parma Building Department, pursuant to Parma Codified Ordinance 1506.31(a)(2) for contractor registration:

1. The contractor's surety bond in the amount of \$3000.00 must be completed by your insurance company. (If you must register as a general contractor, the amount of the surety bond is \$25,000.00) **THE CITY OF PARMA BOND FORM MUST BE USED BY THE INSURANCE AGENT.** The surety bond expires on December 31<sup>st</sup> of the year issued. **BONDS SENT SEPARATELY WITHOUT THE ENTIRE REGISTRATION PACKET WILL NOT BE ACCEPTED.**
2. The following items are required on your certificate of insurance:
  - a. Minimum \$300,000.00 general liability per occurrence;
  - b. Minimum \$300,000.00 general aggregate;
  - c. Ten (10) days' notice of cancellation of the policy; and
  - d. **The City of Parma must be named additional insured. NOTE: Additional insured is not the same as certificate holder.**
  - e. Tax delinquency letter
  - f. Self – addressed, stamped envelope if registering mail
3. The registration fee is \$50.00.
4. Checks should be made payable to the City of Parma. **COMPLETE REQUESTS**, including the registration fee and a self-addressed, stamped envelope should be sent to:

**City of Parma**  
**Attention: Building Department**  
**6611 Ridge Road**  
**Parma OH 44129**

Please note: The City of Parma Building Department is not responsible for bonds and certificates of insurance that are sent directly to the department without a completed information packet. **REGISTRATION PACKETS WHICH ARE NOT CORRECT OR COMPLETE WILL NOT BE RETURNED.**

City of Parma Codified Ordinance 1501.15 entitled "Permits Required: Surcharges" states that all permits must be obtained prior to commencing any work. Failure to comply with this ordinance will result in a penalty of \$100 for the first offense, \$300 for the second offense, and \$500 for a third and any subsequent offenses.

**CITY OF PARMA  
CONTRACTOR SURETY BOND**

That \_\_\_\_\_, Principal, ("CONTRACTOR"), and \_\_\_\_\_, Surety ("SURETY"), are held and Bound unto the City of Parma, Ohio ("PARMA"), for the benefit of any person, firm, or corporation with whom PRINCIPAL contracts for any and all improvements, in accordance with the laws of the State of Ohio and the provisions and the requirements of the Rules, Regulations, Laws, and Ordinances of PARMA, in the amount of \$ \_\_\_\_\_, for the payment of which we CONTRACTOR and SURETY, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally.

The conditions of the above obligation are such that, CONTRACTOR has applied to the Building Commissioner of PARMA for a Certificate of Registration as a \_\_\_\_\_ CONTRACTOR in PARMA, in accordance with the laws of the State of Ohio and the provisions and the requirements of the Rules, Regulations, Laws, and Ordinances of PARMA, for the year ending December 31, \_\_\_\_\_.

Now therefore, if CONTRACTOR shall indemnify, and keep and save harmless PARMA, or any of its Agents or Officials, and shall indemnify and pay such person, firm, or corporation for damage sustained on account of the failure of CONTRACTOR to perform such contracted improvements in accordance with the laws of the State of Ohio and the provisions and the requirements of the Rules, Regulations, Laws, and Ordinances of PARMA, or by reason of or on account of such failure of CONTRACTOR pursuant to any permit issued by PARMA under such Certificate of Registration for such contracted improvements, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Principal (Signature)

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Principal (Type or Print Name)

\_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Address of Principal

\_\_\_\_\_  
Address of Surety

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number/email address

\_\_\_\_\_  
Phone Number/email address

**(ABOVE INFORMATION MUST BE COMPLETED IN FULL)**

**CITY OF PARMA  
DEPARTMENT OF PUBLIC SAFETY, DIVISION OF BUILDINGS  
MORTGAGE FIELD SERVICES COMPANY REGISTRATION and  
GENERAL OR OCILB CONTRACTOR'S REPORT**

**Pursuant to section 1501.36(b)(2) of the Parma Codified Ordinances  
this form must be completed and submitted at the time of registration.**

**MORTGAGE FIELD SERVICES COMPANY INFORMATION**

Date Submitted \_\_\_\_\_

Company Name: \_\_\_\_\_

Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax I.D. No.: \_\_\_\_\_ OCILB No.: \_\_\_\_\_

Property/Properties Serviced: \_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that I have listed all subcontractors performing work at the property/properties listed on  
page 2 of this form and that such information is accurate to the best of my knowledge.**

\_\_\_\_\_  
**Signature/Title**

\_\_\_\_\_  
**Print Name**

**FOR OFFICE USE ONLY**

Registration Number \_\_\_\_\_

Date \_\_\_\_\_

Fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**SUBCONTRACTORS: All subcontractors working in the City of Parma must be listed below.  
The Mortgage Field Services company must update this list quarterly should additional  
Subcontractors not listed below perform work.  
Use additional sheets as necessary.**

• Subcontractor Name: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax I.D. No.: \_\_\_\_\_ OCILB No.: \_\_\_\_\_

Trade: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Other \_\_\_\_\_

• Subcontractor Name: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax I.D. No.: \_\_\_\_\_ OCILB No.: \_\_\_\_\_

Trade: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Other \_\_\_\_\_

• Subcontractor Name: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax I.D. No.: \_\_\_\_\_ OCILB No.: \_\_\_\_\_

Trade: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Other \_\_\_\_\_

• Subcontractor Name: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Tax I.D. No.: \_\_\_\_\_ OCILB No.: \_\_\_\_\_

Trade: Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_ Other \_\_\_\_\_

1501.36 REGISTRATION AND INSPECTION REQUIREMENTS INCLUDING DISCLOSURE OF ALL CONTRACTORS.

(a) (1) No person, firm or corporation shall engage in the business or act in the capacity of a contractor as herein defined except pursuant to a certificate of registration issued in conformity with the provisions of this chapter by the Building Commissioner, unless such person, firm or corporation is particularly exempted by the provisions of this chapter. Notwithstanding Section 1501.99, if construction is commenced without the person, firm or corporation acting in the capacity of a contractor having first obtained the necessary certificate or certificates of registration, a penalty equal to, and in addition to the original registration fee or fees, shall be paid, and all work shall be stopped until such time as such fee or fees have been paid, and the certificate of registration issued. (Ord. 181-90. Passed 6-18-90.)

(2) As used in this chapter, "contractor" means any individual, firm, copartnership, corporation, association or other organization, or any combination of any thereof, who or which by himself or itself, or by or through others, constructs, alters, repairs, adds to, subtracts from, reconstructs or remodels any building or structure or any appurtenance thereto, or who or which undertakes or offers to undertake, or purports to have the capacity to undertake, or submits a bid to do so. The term "contractor" includes a subcontractor and also a specialty contractor whose operations as such are the performance of construction work requiring special skill and whose principal contracting business involves the use of specialized building trades or crafts. The term "contractor" includes a supplier of mixed concrete to a building site, window installers and glass block companies. The term "contractor" shall also include homeowners, lessees, mortgage field services companies and property management companies. A mortgage field services company and property management company provides services to a person (as defined in Section 1703.22 of the Parma Codified Ordinances) who owns real property. Such services include but are not limited to maintaining, repairing, improving and cleaning the interior and/or exterior of the person's real estate and/or dwelling including landscaping and lawn services as defined in Section 1507.17(a) of the Parma Codified Ordinances. A mortgage field services company and property management company shall further be subject to the regulations set forth in Section 1507.17(c)(2) and (3) requiring a fifty dollar (\$50.00) annual license fee and three thousand dollar (\$3,000.00) surety bond, respectively.

(Ord. 169-94. Passed 7-18-94; Ord. 15-19. Passed 2-19-19; Ord. 232-19. Passed 11-18-19.)

(b) (1) In order to register with the City, the contractor must present a document from the City Tax Department stating "there are no tax arrearages currently on record with the Tax Department. There may be tax delinquencies, but at this point in time, none are documented." The Tax Department shall not issue this document to the contractor until all documented delinquencies are paid in full. The Tax Department shall only issue

this document to the contractor and/or the contractor's designee. The Tax Department will not issue this document directly to the Building Department.

(2) The Building Department shall not be required to perform a final inspection on any project until the contractor completes a form which requests the names of all subcontractors involved in the project and all amounts paid to the subcontractors. This form shall be provided to the contractor at the time he or she receives a building permit. Notwithstanding the foregoing, a mortgage field services company and property management company shall submit the name(s) of all subcontractors at the time it registers and, if necessary, updates the subcontractors list quarterly.

(Ord. 171-07. Passed 8-6-07; Ord. 15-19. Passed 2-19-19; Ord. 232-19. Passed 11-18-19.)

# City of Parma, Ohio

TIM DeGEETER  
Mayor



6611 Ridge Road  
Parma, Ohio 44129

PAUL W. DEICHMANN, P.E.  
CITY ENGINEER AND BUILDING COMMISSIONER

Phone: 440-885-8030  
Fax: 440-885-8039

## IMPORTANT NOTICE TO THE PERSON RESPONSIBLE FOR CONTRACTOR REGISTRATION

Please contact the Parma Division of Taxation at 440-885-8045 so that they may fax you the tax delinquency letter\* needed to complete\*\* your **2014** registration packet. Due to confidentiality issues it must be done this way. Once you have received the tax delinquency letter please fax a copy of it to the Parma Building Department at 440-885-8039.

\*Please be aware that the tax delinquency letter is **NOT** the page included in your registration packet titled CITY OF PARMA INCOME TAX DIVISION BUSINESS AND EMPLOYER REGISTRATION. It is a separate letter sent to you directly from the City of Parma Tax Department upon your request.

\*\*Until this letter has been received you are **NOT** registered and therefore will not be able to pull permits or perform work in the City of Parma. Due to the heavy volume of registrations being processed please be advised this will be your first and final notification in regard to this matter. You may call Linda at 440-885-8030 with any questions.

**CITY OF PARMA  
INCOME TAX DIVISION**

Phone: 440-885-8045

**BUSINESS AND EMPLOYER REGISTRATION**

The City of Parma requires that your business take a few minutes and fill out this registration form in its entirety. Each business must register with the City of Parma Division of Taxation, at 6611 Ridge Road, Parma Ohio 44129. **Please print**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

2) DBA \_\_\_\_\_ Local Phone # \_\_\_\_\_

3) Local business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4) Mailing address (for tax forms) Net Profit Form \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address (for tax forms) Withholding Forms \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5) Federal ID # \_\_\_\_\_ OR, Social Security # \_\_\_\_\_

6) Type of Organization ( ) Sole Proprietor ( ) \* Corporation ( ) \* Partnership ( ) \* LLC ( ) \* S Corp  
(\*Corporations, \*Partnerships, \*S Corps & \*LLCs - See reverse side)  
Accounting period ( ) Calendar Year OR ( ) Fiscal Year (ending date) \_\_\_\_\_

Type of account(s) you need Created	
<input type="checkbox"/>	Net Profit Account only
<input type="checkbox"/>	Net Profit Account and Withholding Account
<input type="checkbox"/>	Withholding Account only
<input type="checkbox"/>	Residence Withholding tax only (Courtesy tax)

7) Do you need the Non-Delinquency letter for the Building Department? \_\_\_\_\_ YES or, \_\_\_\_\_ NO

8) Does your business use a payroll service? \_\_\_\_\_ YES or, \_\_\_\_\_ NO (see other side if yes)

9) Does your business withhold for employees working in Parma \_\_\_\_\_ YES or, \_\_\_\_\_ NO

10) Date your business started in Parma. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

11) Number of employees presently employed in Parma \_\_\_\_\_

12) Do monthly wages paid in Parma exceed \$8,000.00? \_\_\_\_\_ YES or, \_\_\_\_\_ NO

13) Was Business previously operated by another owner? \_\_\_\_\_ YES or, \_\_\_\_\_ NO

(SEE REVERSE SIDE)



**CITY OF PARMA  
INCOME TAX DIVISION**

Phone: 440-885-8045

14) Name and address of previous owner \_\_\_\_\_  
\_\_\_\_\_

**CORPORATIONS**

List Names, Social Security No's and home addresses of Fiscal Officers and Statutory Agent.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) Statutory Agent \_\_\_\_\_

**PARTNERSHIPS, PARTNERS / S CORPS, SHAREHOLDERS**

List Names, Social Security No's and home addresses of Partners / Shareholders.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Person or accounting firm that normally prepares your tax forms.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_