

City of Parma, Ohio



6611 Ridge Road
Parma, Ohio 44129

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

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

REQUIREMENT FOR REGISTRATION

In order to complete the process for registration as a contractor to work in the City of Parma, the contractor must present to the Building Department, along with all other information required, a document from the Parma Tax Department stating: "there are no tax arrearages currently on record with the Parma Tax Department. There may be tax delinquencies, but at this point in time, none are documented." The Tax Department will not issue this document to the contractor until all documented delinquencies are "paid in full". (C.O. 1501.36, 08/07/07)

The Parma Tax Department may issue this document only to the contractor and/or his designee. By law, they are not permitted to issue this document directly to the Building Department. **THE TAX DELINQUENCY LETTER IS NOT INCLUDED IN THIS PACKET.** To have it faxed directly to you, please call 440-885-8045

Before presenting your registration documents to the Building Department for processing, please complete the enclosed tax forms and forward (by mail or in person) to the City of Parma Tax Department. Upon receipt of their approval document, you may then forward the completed registration packet and fee to the Building Department.

Completed registration packets must include the following:

- 1. Information Sheet**
- 2. Completed and Signed Surety Bond**
- 3. Certificate of Insurance**
- 4. State License or State of Ohio Fire Marshal's License
(if applicable)**
- 5. Copy of Tax Department Document**
- 6. Fee**
- 7. Self-addressed, stamped envelopment if registering by mail**

**REGISTRATION PACKETS WHICH ARE INCOMPLETE
WILL BE RETURNED. IT IS THE CONTRACTOR'S
RESPONSIBILITY TO BE SURE THE PACKET IS READY
FOR PROCESSING.**



CITY OF PARMA

LANDSCAPING & LAWN

REGISTRATION REQUIREMENTS

******* If you perform any work other than lawn maintenance, you MUST register as a general contractor. *******

The following items are required by the City of Parma Building Department, pursuant to Codified Ordinance 1507.17 for contractor registration:

1. The contractor's surety bond must be completed by your insurance company in the amount of \$3,000.00. (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 December 31 of the year. **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 general liability per occurrence;
 - B. Minimum \$300,000 general aggregate;
 - C. Ten (10) days notice of cancellation of the policy; and
 - D. **The City of Parma must be named additional insured. Additional insured is not the same as certificate holder.**
3. The Registration fee is \$50.00.
4. Checks should be made payable to the City of Parma. **COMPLETE PACKETS**, including the registration fee and **A SELF-ADDRESSED STAMPED ENVELOPE SHOULD BE RETURNED TO:**

City of Parma
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 COMPLETELY FILLED OUT WILL 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 \$500.00 penalty fee being assessed.

CITY OF PARMA

APPLICATION FOR REGISTRATION OF CONTRACTORS

Type of Contractor _____

Owner of Company _____ Social Security No. _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Federal Identification No. _____

Insurance Agent's Name _____

List company officers:

_____ Social Security No. _____

_____ Social Security No. _____

_____ Social Security No. _____

Please specify the type(s) of work that the company performs (i.e. roofs, drywall, sewers):

List names of municipalities in which company is registered to work:

Has your license or registration in any municipality ever been suspended or revoked? _____

If so, give date, year and locality _____

I do hereby certify that I will abide by the provisions of the Codified Ordinances of the City of Parma and I shall abide by all rules and regulations as required.

Signature _____ Date _____

Print Name _____

FOR OFFICE USE ONLY:

Registration No. _____ Date _____

Fee: \$ _____

TOTAL \$ _____

CITY OF PARMA CONTRACTOR SURETY BOND

That _____, as 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

Phone

(ABOVE INFORMATION MUST BE COMPLETED IN FULL)

CITY OF PARMA

For the purpose of our records *please* complete and return with your packet.

1. LOCAL NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES:
TRADE NAME _____
LOCATION _____
FEDERAL I.D. # OR S.S. # _____
2. IS THE ABOVE ADDRESS MAIN OFFICE, OR BRANCH OFFICE? _____
3. IF BRANCH, GIVE NAME AND ADDRESS OF MAIN OFFICE.
NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
4. NATURE OF BUSINESS CONDUCTED: _____
DATE STARTED OR ACQUIRED: _____
5. NAME AND ADDRESS OF PREVIOUS OWNER: _____
6. ACCOUNTING PERIOD USED FOR CITY OF PARMA INCOME TAX PURPOSES:
 CALENDAR YEAR ENDING DEC. 31ST (CHECK WHICH – IF FISCAL YEAR, WRITE IN ENDING DATE)
 FISCAL YEAR ENDING _____
7. NAME OF INDIVIDUAL OR FIRM WHO PREPARES YOUR TAX RETURNS INCLUDING MUNICIPAL INCOME TAX WITHHOLDING _____ PHONE _____
8. DO YOU EMPLOY ONE OR MORE PERSONS? _____ NUMBER OF EMPLOYEES _____
9. DO YOU AT ANY TIME DURING THE YEAR EMPLOY PERSONS WHO ARE SUBJECT TO THE CITY OF PARMA INCOME TAX AND FROM WHOM YOU DO NOT WITHHOLD THE CITY TAX? _____
ATTACH LIST OF SUCH PERSONS, SHOWING NAMES AND ADDRESSES.
10. TYPE OF OWNERSHIP (CHECK WHICH):
 INDIVIDUAL PROPRIETORSHIP CORPORATION PARTNERSHIP NON-PROFIT CORPORATION
 ASSOCIATION OTHER (WRITE IN) _____

ADDRESS TO WHICH CITY OF PARMA INCOME TAX FORMS ARE TO BE MAILED

SEND BUSINESS NET PROFIT TAX RETURN FORMS TO:

NAME _____

CARE OF _____

STREET ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____

SEND CITY OF PARMA TAX WITHHOLDING FORMS TO:

NAME _____

CARE OF _____

STREET ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE _____