



CITY OF PARMA

CONTRACTOR'S REGISTRATION REQUIREMENTS

The following items are required by the City of Parma Building Department, pursuant to Codified Ordinance 1501.36 for contractor registration:

1. The contractor's surety bond must be completed by your insurance company in the amount of \$25,000.00. If you are a concrete supplier, the amount of the surety bond is \$200,000.00. **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.**

******* YOU MUST REGISTER AS ONE OF THE FOLLOWING: *******

General, Electrical, Heating, Plumbing, Low Voltage, Fire Alarm, Fire Suppression or Fire Sprinkler

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. Plumbing, Electrical and HVAC contractors are required to supply the Building Department with a copy of the current license from the State of Ohio. Fire alarm, fire suppression and fire sprinkler contractors are required to submit a copy of the current State of Ohio Fire Marshall's License.
4. The Registration fee is as follows:
 - A. Renewal registration prior to January 31 is **\$90.00** You must have been registered for the previous year to be eligible for this price; or
 - B. Renewal registration after January 31 is **\$125.00**
 - C. New contractor registration is **\$125.00**
 - D. Cost of registration is **\$250.00** if performing work before finalizing registration.
5. 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 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, 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.**

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Parma, Ohio 44129

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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 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 at 440-885-8030 with any questions.

CITY OF PARMA APPLICATION FOR REGISTRATION OF CONTRACTORS

Type of Contractor _____

Owner of Company _____ Social Security No. _____

Company Name _____

Company Address _____

City, State, Zip _____ Email _____

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 \$ _____



BOND NO. _____ (REQUIRED)

**CITY OF PARMA
CONTRACTOR SURETY BOND**

KNOW ALL PERSONS BY THESE PRESENTS, that _____ doing business as principal, hereinafter referred to as "the Principal", and _____ as surety, hereinafter referred to as "the Surety", are held firmly bound unto the City of Parma, in the sum of \$_____ for payment of which, well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WITNESS our hand and seals this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas the said Principal made application to the City of Parma for a Certificate of Registration as a contractor to engage in the business of:

- | | |
|--|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Heating/Ventilating/Air-Conditioning |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Specialty Contractor: _____ (describe) |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> General Contractor |

within the City of Parma during the calendar year of 20_____ in accordance with the provisions of Part 15 of the Codified Ordinances of the City of Parma (the "Building Code") and all lawful rules and orders promulgated thereunder.

NOW THEREFORE, if the said Principal shall keep and save harmless the City of Parma, its agents and officials from any damages sustained by reason or on account of work performed by the Principal, and by virtue of any permit issued by the City of Parma to the Principal, under any such registration or licensing, and if Principal shall faithfully observe all the duties and discharge all the obligations required of the Principal during said registration period under Part 15 of the Codified Ordinances of the City of Parma (the "Building Code"), and all lawful orders of the City of Parma issued under said ordinances, then this obligation shall be void, otherwise, the same shall be and remain in full force and effect. The undersigned Surety agrees and consents that this undertaking shall be for the benefit of any party injured by the Principal's failure to comply with all applicable obligations, duties, terms, conditions, provisions and requirements of the Codified Ordinances of the City of Parma and the lawful orders of the City of Parma issued under such ordinances. Either the City of Parma, any injured party, or both may bring action on this bond.

Dated this _____ day of _____, 20_____.

Name of Principal (Type or Print)

Name of Surety (Type or Print)

Signature of Principal/Agent

Signature of Surety's Agent

Name and Title of Signatory (Type or Print)

Name and Title of Signatory (Type or Print)

Address of Principal

Address of Surety

City, State, Zip

City, State, Zip

Telephone

Telephone

NOTE: ATTACH POWER OF ATTORNEY

(If this Bond is executed by an agent for a Principal or a Surety, such Agent must affix a copy of the Agent's Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident Corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached hereto).

**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)

Mail to: The City of Parma; Division of Taxation; 6611 Ridge Road; Parma, Ohio 44129
You may also Fax to 440-885-8044 or E-mail to www.taxoffice@cityofparma-oh.gov

**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 _____