



**REQUEST FOR CONTRACTOR REGISTRATION FEE: \$100.00 (per license)**

TYPE: (check one)					
<input type="checkbox"/>	ASPHALT	<input type="checkbox"/>	LOW VOLTAGE	<input type="checkbox"/>	UTILITY SERVICE PROVIDER
<input type="checkbox"/>	CEMENT	<input type="checkbox"/>	MASONRY	<input type="checkbox"/>	
<input type="checkbox"/>	DEMOLITION	<input type="checkbox"/>	SEWER	<input type="checkbox"/>	
<input type="checkbox"/>	EXCAVATOR	<input type="checkbox"/>	SIGN	<input type="checkbox"/>	
<input type="checkbox"/>	FENCE	<input type="checkbox"/>	ROOFING	<input type="checkbox"/>	GENERAL * Does not cover mechanicals.

<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	HYDRONICS	<input type="checkbox"/>	PLUMBING	<input type="checkbox"/>	FIRE ALARM	<b>*Must provide a copy of your State of OH License.</b>
<input type="checkbox"/>	HVAC	<input type="checkbox"/>	REFRIGERATION	<input type="checkbox"/>	SPRINKLER	<input type="checkbox"/>		

Have you previously been registered within the City of Mayfield Heights?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--	--------------------------	-----	--------------------------	----

<b>COMPANY NAME:</b>	
<b>APPLICANT'S NAME:</b>	
<b>MAIN OFFICE CONTACT- IF DIFFERENT FROM ABOVE:</b>	
List those authorized to obtain permits in the name of the applicant:	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER:	FAX NUMBER:
FEDERAL ID OR SOCIAL SECURITY NUMBER:	
EMAIL ADDRESS:	

- SUBMITTAL REQUIREMENTS:** *(must be submitted with application)*
- Evidence of insurance for bodily injury in the amount of at least one million dollars/three million dollars (\$1,000,000/\$3,000,000) and for property damage in the amount of at least five hundred thousand dollars (\$500,000) **along with an endorsement naming the City of Mayfield Heights as an additional insured.**
  - Copy of a State of Ohio License for electric, HVAC, plumbing, hydronics, refrigeration, sprinkler, & fire alarm.
  - A bond is not required.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DATE ISSUED:	REGISTRATION NUMBER:
--------------	----------------------