

BUILDING DEPARTMENT

330-848-6730

FAX 330-848-6654

STATE CERTIFIED CONTRACTOR REGISTRATION APPLICATION

Fee: **\$125.00** Date Issued: _____ Receipt # _____ Ins Exp: _____

I hereby make application for Registration as a State Licensed

Electrical

HVAC

Plumbing

Contractor with the City of Barberton in accordance with the requirements of Ordinance #32-2011.

I, _____

Print Full Name

residing at _____

Address, City & Zip Code

and an authorized officer representing _____ and doing

Company Name (if applicable)

business at _____

Company Address, City & Zip Code

phone # _____

state that I hold a current State License to perform the work for which this registration applies.

To the contractor: In order to qualify for registration as a State Licensed Electrical, Heating or Plumbing Contractor, you must fill out the application in full. The completed application must be accompanied by a copy of your State License/Certificate, a **Liability Insurance Certificate, in the amounts of \$300,000 for injury or death and \$100,000 property damage, with the City of Barberton named as an additional insured and, a non-refundable fee of \$125.00 (Ordinance 32-2011).**

Signed: _____