

NOTICE

ALL HEATING, VENTILATING, AIR CONDITIONING, REFRIGERATION, ELECTRICAL, OR HYDRONICS CONTRACTORS (SPECIALTY CONTRACTORS) WISHING TO DO BUSINESS IN THE CITY OF YOUNGSTOWN

All City licenses for the above trades will expire on December 31st, of the current year. Any specialty contractor who wishes to continue to do business in the City must comply with the registration requirements as set forth in Ordinance 01-394. These requirements include the following:

1. Payment of the initial registration fee of \$100.00. If you currently hold a license in your trade with the City of Youngstown, a registration will be issued upon payment of a \$50.00 renewal fee; and
2. Completion of the enclosed application; and
3. Submittal of the enclosed bond, executed by an authorized surety; and
4. Submittal of a Certificate of Insurance \$300,000.00 minimum for bodily injury, and \$100,000.00 property damage; and
5. Submittal of a copy of Ohio Worker's Compensation Certificate (does not apply to sole proprietors) and;
6. Submittal of a copy of your valid and un-expired specialty contractor's license issued by the State of Ohio pursuant to O.R.C. 4740; or
7. Proof that the specialty contractor has passed a qualified examination in such trade that is subject to the approval of the City's Chief Building Official or his/her designee. (N/A)

Applications may be obtained on the Fifth Floor of Youngstown City Hall from 8:00 am to 3:30 pm, Monday through Friday or can be downloaded from our website, located at www.cityofyoungstownoh.com, under the Building Inspection forms.

Registrations can be processed in person or by mail. Please submit your check, along with a completed application, bond, certificate of insurance, worker's compensation certificate, and Ohio specialty license to the address below:

Bureau of Building Code Administration
Building Department – Fifth Floor
26 S. Phelps Street
Youngstown, Ohio 44503

Checks shall be made payable to the City of Youngstown

THE CITY OF YOUNGSTOWN

REGISTRATION OF SPECIALTY CONTRACTORS

DEFINITIONS:

SPECIALTY CONTRACTOR

All heating, ventilating, and air conditioning contractor, refrigeration contractor, electrical contractor, or hydronics contractors, as those terms are defined in section 4740.01 of the Ohio Revised Code.

APPLICATION REQUIREMENTS

The following is required when applying for or renewing registration as a specialty contractor:

- a. Completed Application; and
- b. Contractor's Bond Form furnished by the City (\$10,000.00); and
- c. Certification of Liability Insurance (\$300,000.00 minimum for bodily injury, and \$100,000.00 property damage); and
- d. Copy of State of Ohio Worker's Compensation Certificate; and
- e. \$100.00 initial fee (Annual renewal fee \$50.00); and
- f. Copy of your valid and unexpired specialty contractor's license issued by the State of Ohio pursuant to O.R.C. 4740; or
- g. Proof that the specialty contractor has passed a qualified examination in such trade that is subject to the approval of the City's Chief enforcement officer or his designee.

A separate registration will be required for each type of work indicated on the Application. One Bond and Insurance Certification may be used for multiple registrations as long as it is indicated on the bond and insurance certificate.

A specialty contractor's registration is not transferable, but the registration of any member, officer or supervisory employee of a firm or corporation shall be sufficient to qualify the firm or corporation to engage in the business under registration. If a member, officer, or supervisory employee of a firm or corporation represents more than one firm or corporation, a separate registration must be secured and maintained for each said firm or corporation

**PLEASE HAVE ALL NECESSARY INFORMATION ATTACHED TO THE APPLICATION WHEN
SUBMITTING FOR REGISTRATION**

Building Inspection

A Division of The Department of
Public Works

City of Youngstown

26 S. Phelps Street – 5th Floor
Youngstown OH 44503

330/742-8890,

fax 330/742-8807

APPLICATION FOR SPECIALTY CONTRACTOR'S REGISTRATION

Indicate by check mark:

Initial Application

Annual Renewal

(Please type or print clearly in ink)

Applicant's Name _____ Date _____

Home Address _____ City _____ St. _____ Zip _____

Date of Birth _____ Citizen of _____ Phone(_____) _____

Social Security Number _____ e-mail _____

Name of Firm, Corporation, or other business entity for whom you work in this trade:

Business Name _____

Business Address _____ City _____ St. _____ Zip _____

Name(s) of Owner(s), Partners, or Officers _____

If a corporation: Date of incorporation _____ State of incorporation _____

Name and address of Registered Agent for service _____

Business Phone(_____) _____ Federal ID Number _____

Will the Firm, Corporation, or other business entity listed above be operating under your registration? _____:

I do hereby make application for the following registration as checked or marked below: (One Application per trade)

HVAC Contractor Refrigeration Contractor Electrical Contractor Hydronics Contractor

REQUIRED SUBMITTALS

1. Liability insurance (attach); and
A certificate of insurance evidencing that the applicant has insurance for bodily injury in at least the amount of \$300,000.00, and for property damage in at least the amount of \$100,000.00. Each such insurance policy shall carry an endorsement which requires that the City be provided with at least thirty (30) day written notice in the event that such insurance is to be cancelled or not renewed for any reason.
2. Bond (attach); and
On Form as provided by the City.
3. State of Ohio Workers Compensation Certificate (attach); and
4. State License O.R.C. 4740 (attach); or
5. Proof of passage of a qualified examination (subject to City approval) (attach).

INFORMATION

Applicant must answer all of the following questions. If no answer is applicable, indicate "N/A".

1. What experience do you or the principal individuals of your present organization have in the respective trade?

Name of Individual	Position	Years Experience	In What Trade/Capacity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. How many years has your organization been in business under your present business name? _____

3. How many years of experience does your organization have in this trade? _____

4. List three (3) projects in this trade that you or your organization have completed within the last two (2) years.

Year	Type of Work	Contract Amount	Location of Job & for Whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you or has your firm ever failed to complete any work awarded to you? _____

6. If so, where and why? _____
(Use extra sheets if needed)

7. Has any officer or partner of your organization ever failed to complete a contract handled in his own name? _____

8. If so, state the name of the individual, name of owner and reason therefore. _____
(Use extra sheets if necessary)

The undersigned does hereby certify the accuracy of the submitted information.

Signature _____ Business Name _____ Date _____

NOTICE

No person, firm or corporation shall engage in, contract for or represent him or herself as being a specialty contractor within the City of Youngstown without first receiving registration in such trade from the City of Youngstown. Any person found violating this ordinance shall be guilty of a misdemeanor of the fourth degree. In addition to other penalties, registration may be denied or revoked for misrepresentation of a material fact by the applicant in obtaining registration or renewal thereof; Use of registration in obtaining permits for another person; Faulty or defective workmanship; Departure from or disregard of plans and specifications filed with the application for a permit; Failure to maintain a bond, insurance, worker's compensation, or other requirements of registration; and Non-compliance with or violation of the City's building code, ordinances, or other rules codes or regulations of the City. **ALL REGISTRATION FEES ARE NON-REFUNDABLE**

For Internal Use Only:	Workers Comp on File: _____	Fee collected: _____
Application Complete: _____	Registration #: _____	
Bond on File: _____	Date Registration Issued: _____	
Cert of Insurance on File: _____	Approved: _____	

License/approved test on file: _____

Chief Building Official /Designee _____

Date _____