CITY OF BROOKLYN

7619 Memphis Avenue
Brooklyn, OH 44144
Phone: (216) 351-2133 ♦ Fax: (216) 351-5800

November 15, 2012

ATTENTION CONTRACTORS:

Enclosed is a City of Brooklyn Contractor Registration Form, Ohio Utility Protection Services Form and a Contractor Questionnaire.

If your company provides services specified on the Questionnaire, please fill it out and submit it with your Registration Form. This information will allow the Building Department to assist residents seeking qualified Contractors.

A separate registration fee is required for EACH Contractor classification (General, Electric, Plumbing and/or HVAC). Contractor Registration for the year 2013 will commence on December 1, 2012. ALL FORMS MUST BE COMPLETED (TYPED OR PRINTED CLEARLY). INCOMPLETE OR UNREADABLE FORMS WILL BE RETURNED.

Included in this packet is a statement which ALL contractors MUST sign acknowledging that you are aware of your responsibility to notify the Ohio Utility Protection Service when and if you dig. You may contact the Ohio Utility Protection Service at 1-800-362-2764 for further information.

NOTE: You MUST request inspections a MINIMUM of 24 hours in advance.

We will make every attempt to provide timed inspections, but we CANNOT guarantee prompt arrival at all times.

Sincerely,
City of Brooklyn
Barbara Stanton

Barbara Stanton,
Building Department Secretary

APPLICATION FOR CONTRACTORS REGISTRATION – YEAR 2013

CITY OF BROOKLYN, OHIO

7619 Memphis Avenue, Brooklyn, OH 44144-2197 ♦ Phone: (216) 351-2133 ♦ FAX: (216) 351-5800

TYPE OR PRINT CLEARLY

FEE: $ 75.00 EACH REGISTRATION DATE: _____/_____/_____

2013 REGISTRATION NO.: _____ ****NOTE –** A separate registration is required for **EACH** classification.

Cash / Check # _____ MasterCard / VISA #: _____-_____-_____-_____
Exp. Date: _____ /_____ Billing Address: _____ Zip: _____ 3 Digit Code _____

In accordance with the requirements of the Codified Ordinances of the City of Brooklyn, Ohio, the undersigned does hereby make application for a Certificate of Registration as a -- **GENERAL (Includes Low Voltage Electrical and Fire Protection)** **PLUMBING -- HVAC -- ELECTRICAL** Contractor and in consideration of said Certificate submits: (Circle appropriate field, and fill out separate registration forms for EACH registration). ALL FIELDS REQUIRED TO BE COMPLETED.

Business Name: _____ Applicant: _____ Title: _____
Address: _____ City, State, Zip: _____
Phone: (_____) _____-_____ Fax: (_____) _____-_____ Cell / Pager# (_____) _____-_____
E-Mail: _____

Insurance Expiration Date: ____/____/____ Number of Employees: _____ FEDERAL ID / SSN #: _____

Officers of the Company: (Name, Address and Title) **Business Type: Corporation -- Partnership -- Sole Proprietor / Owner**

Name: _____ Address: _____ Title: _____
Name: _____ Address: _____ Title: _____

- **Certificate of Insurance naming the City of Brooklyn as Certificate Holder MUST BE ATTACHED (or faxed)** (Minimum $300,000.00) **** NO BOND IS REQUIRED ****
- **Electrical, Plumbing, and HVAC Contractors MUST attach a copy of their State of Ohio License.**
- **Electrical, Plumbing, and HVAC Contractors doing 1, 2 & 3 Family work ONLY may register with a copy of a license issued by a Municipality after written examination.**

I do hereby certify that I am familiar with the requirements of the "Building Codes", that all required permits will be obtained, and all Ordinances of the City of Brooklyn strictly observed subject to forfeiture of the Certificate of Registration.

Has your Certificate of Registration ever been suspended or revoked? Yes / No If so, when? _____
Have you ever been convicted of a violation of the Building Code? Yes / No If so, when? _____
List another Municipality in which you hold a License or Registration:
Municipality: _____ License #: _____ Date Issued: _____ /_____

Please note – this form *MUST BE* signed and *NOTARIZED!* (Notary stamp and seal must be visible). **Applicant hereby states that He/She has the authority to enter into this document on behalf of the business known as** _____ (Company Name) _____ (Applicant Name). _____(Name), being first duly sworn according to law, deposes and says that he / she is the applicant and _____(Title) of the _____(Company Name) and that the facts contained in and attached to the foregoing application are true to the best of his / her knowledge and belief. SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____ , 2012 .

_____ _____
Applicant Signature **Notary Signature, Stamp and Seal**

Note to Contractors: A permit is REQUIRED for ALL types of work! ANY Subcontractors that you may employ, MUST OBTAIN A CERIFICATE OF REGISTRATION with the City of Brooklyn, Ohio.

Special Note: It is **YOUR** responsibility as a Contractor to remove all construction debris from premises where the work is being done, and to notify any Subcontractors that you may employ to register and to obtain any permits that are necessary.

OHIO UTILITY PROTECTION SERVICE
O.U.P.S.
1-800-362-2764

I hereby acknowledge I am aware it is my responsibility to comply with all of the rules and regulations of the Ohio Utility Protection Service as specified in the Ohio Revised Code, including but not limited to notifying the Ohio Utility Protection Service a minimum of forty-eight (48) hours, but not more than ten (10) days, before digging.

I further acknowledge that I am aware that failure to comply with the rules and ordinances of the City of Brooklyn, and/or the State of Ohio Utility Protection Service may result in the forfeit of construction and/or street opening deposits, and/or revocation of my City of Brooklyn Contractor Registration.

I am aware I will be given a Reference Number by the Ohio Utility Protection Service, and that I must retain this number for verification of compliance.

COMPANY: _____
(Name)

ADDRESS _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER (_____) _____ - _____

APPLICANT _____
(Please print)

SIGNATURE _____

DATE _____/_____/20_____

THIS FORM MUST BE SIGNED, DATED, AND SUBMITTED WITH THE CONTRACTOR REGISTRATION FORMS.

CITY OF BROOKLYN
QUESTIONNAIRE

** ATTENTION CONTRACTORS **

Please complete this questionnaire if you wish for your company name and phone number to be provided to our residents inquiring about contractors and the services they provide.

CONTRACTOR COMPANY NAME: _____

Choosing from the list below –
WRITE your ***PRIMARY*** type of work here: _____

In addition, please indicate with a check mark (√) in the appropriate box below for additional types of work you would be available for:

- ☐_ Asbestos abatement contractor
- ☐_ Carpentry
- ☐_ Chimney cleaning / repair
- ☐_ Demolition
- ☐_ Drywall / plastering
- ☐_ Electrical – commercial
- ☐_ Electrical - residential
- ☐_ Excavation
- ☐_ Fences
- ☐_ Fireplace install / construction
- ☐_ Floor covering / tile setter
- ☐_ Gas line repair – State certified YES ☐ NO ☐
- ☐_ Garages
- ☐_ General remodeling
- ☐_ Gutters / downspouts / soffits
- ☐_ Handyman
- ☐_ Hauling
- ☐_ HVAC - commercial
- ☐_ HVAC - residential
- ☐_ Insulation
- ☐_ Kitchen / Bath remodeling
- ☐_ Landscaping / Lawn mowing / maintenance
- ☐_ Lawn sprinklers
- ☐_ Lead abatement contractor
- ☐_ Low voltage / communications
- ☐_ Masonry
- ☐_ Other _____
- ☐_ Painting / exterior
- ☐_ Painting / interior
- ☐_ Patio / Deck / Enclosures
- ☐_ Paving / Asphalt
- ☐_ Paving / Concrete
- ☐_ Power washing
- ☐_ Plumbing - commercial
- ☐_ Plumbing – residential
- ☐_ Roofing
- ☐_ Room additions
- ☐_ Sewer
- ☐_ Siding
- ☐_ Signs
- ☐_ Snow plowing
- ☐_ Sprinkler / Suppression / Alarms
- ☐_ Storage sheds
- ☐_ Tent installer
- ☐_ Tree service / stump removal
- ☐_ Water Control
- ☐_ Waterproofing
- ☐_ Window / Door replacement

** *IMPORTANT* **

PLEASE RETURN THIS INFORMATION SHEET ALONG WITH YOUR GENERAL REGISTRATION

LEAD SAFE WORK PRACTICES

www.epa.gov/lead

1-800-424-LEAD (5323)

I hereby acknowledge I am aware it is my responsibility to comply with all of the rules and regulations of the United States Environmental Protection Agency regarding lead safe work practices when performing lead paint disturbing activities in pre-1978 residential or child occupying structures; and that my company must be EPA certified in lead-safe work practices to perform lead paint disturbing activities in pre-1978 residential or child occupying structures.

I further acknowledge that I am aware that failure to comply with the rules and ordinances of the City of Brooklyn may result in the revocation of my City of Brooklyn Contractor Registration.

COMPANY: _____
(Name)

ADDRESS _____

CITY, STATE, ZIP_____

TELEPHONE NUMBER (_____) _____ - _____

APPLICANT _____
(Please print)

SIGNATURE _____

DATE _____/_____/20_____

THIS FORM MUST BE SIGNED, DATED, AND SUBMITTED WITH THE CONTRACTOR REGISTRATION FORMS.