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Village of Hunting Valley CONTRACTORS REGISTRATION APPLICATION

Codified Ordinances, Chapter 1307
 Don Cunningham, Building Inspector

Contractor No.

This Section must be completed by Builder/Contractor

\$100.00 fee for initial registration (sec. 1307.07) **\$50.00** fee for current registration (sec. 1307.08)

Building/Contractor (company name)	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
Phone No.	<input style="width: 95%;" type="text"/>	Fax	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>	Tax ID	<input style="width: 95%;" type="text"/>
Years in Business	<input style="width: 95%;" type="text"/>	Years of Experience	<input style="width: 95%;" type="text"/>

Active registrations or licenses in other municipalities (list two):

1.	<input style="width: 95%;" type="text"/>	Phone No.	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	Phone No.	<input style="width: 95%;" type="text"/>

Jobs active or completed in the past two years (list two):

1.	Municipality	<input style="width: 95%;" type="text"/>
	Owner's Name	<input style="width: 95%;" type="text"/>
	Permit No.	<input style="width: 95%;" type="text"/>
2.	Municipality	<input style="width: 95%;" type="text"/>
	Owner's Name	<input style="width: 95%;" type="text"/>
	Permit No.	<input style="width: 95%;" type="text"/>

Has your registration or license in any municipality ever been suspended or revoked? Yes No

Municipality	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
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Do you have contractor's liability insurance? Yes No

Agent's Name	<input style="width: 95%;" type="text"/>	Phone No.	<input style="width: 95%;" type="text"/>
Insurance Company	<input style="width: 95%;" type="text"/>	Policy No.	<input style="width: 95%;" type="text"/>

- Attach a copy of your State of Ohio Contractor's license, if applicable.
- Please have your insurance carrier fax or mail us a current Certificate of Liability Insurance.
- Attach a copy of your State of Ohio Bureau of Worker's Compensation Certificate of Premium Payment to this application.

The undersigned hereby certifies that he has read the applicable provisions of the Codified Ordinances of the Village of Hunting Valley; that he is fully aware of the requirements thereof; that any misrepresentation in connection with this application shall be sufficient cause for refusal to certify this registration or to revoke it after it has been issued; and that he will comply with all Village ordinances and the lawful orders of the Village Building Inspector applicable thereto.

Name (print)	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>
Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>

This Section must be completed by Building Inspector

Date Approved: Date Refused:

Notes/Comments: