

APPLICATION FOR CONTRACTOR REGISTRATION

Parma Heights Building Department

6281 Pearl Road Parma Heights, Ohio 44130 P: 440-884-9607 F: 440-843-5818

	GEN	Registra NERAL PHALT HER:	ation:	ELECTRICAL CEMENT		PLUMBING HYDRONICS		HVAC		LANDSCAPING MASONRY		PAINTING ROOFING		REFRIGERATION CONSTRUCTION
	1 Name of Person, Firm, or Corporation Applying for Registration (print clearly)													
	<u> </u>			, ,		FF J			· \					
		Company Name							Pł	none (Business)				
	Name of Owner/Officer of Company								Phone (Cell)					
	Address								Email					
	City, State, Zip						_		Federal Tax ID Number					
2) <u>Ind</u>	lividual	Holdir	ng License(s) ι	ınder	ORC 4740 (Lice	nsee)	_						
	Name							 Pł						
	Phone (Home)					_		Pł	none (Cell)					
		Address							Email					
		City, St	ate, Zip)			_							
3) <u>Atta</u>	achmen	ts (che	eck boxes)										
		As ap refrige A cert	plicab eratio tificate	ole, copy of c n or hydroni e of insuranc	currer cs. e for	•	the ty for	State of bodily	Ohio	o under ORC 47 y and property				_
4) <u>Ackr</u>	nowled	gemer	<u>nt</u>										
the mis	requi repres	rements	of the	same, and tha ta or facts will o	t in th	e event that I am	requi	red to su	ıblet v	ork that I agree to	enga	ge only registe	ered co	that I am fully aware of ontractors and that any I shall abide by all rules
Sia	nature	e (Owne	r/Office	er of Company)						Date				

Permits and Certificates of Registration are issued Monday Through Friday from 9:30am to 4:00pm.