

PLUMBING CONTRACTOR PACKAGE

NEW REGULATION: Before you mail/personally deliver your renewal package, you must make sure all the documentation listed below is provided **correctly**. Any documentation that is **not provided** or is **incorrectly filled out** will be **rejected** on site – **NO EXCEPTIONS**.

ALL NEW REGISTRATIONS & COMMERCIAL REGISTRATIONS MUST INCLUDE A COPY OF YOUR STATE OF OHIO PLBG LICENSE. RENEWAL REGISTRATION WITHOUT A STATE LICENSE WILL BE LIMITED TO A RESIDENTIAL ONLY REGISTRATION. FOR MORE INFORMATION ABOUT OHIO STATE LICENSING PLEASE CALL: (614) 644-3493

<u>Application Fees:</u>	<u>New Registration</u>	<u>Renewal Registration</u>
1 Year	\$150.00	\$120.00
2 Years	\$270.00	\$240.00
3 Years	\$390.00	\$360.00

The Bond Form: Your plumbing contractor registration package consists of an **application/bond/insurance** combination. Please forward the following information to your insurance agent. When preparing the Plumbing Contractor bond form, you **must** follow the City of Cleveland guidelines **exactly** to prevent rejection (see examples below). The bond coverage amount **must** be **\$25,000**.

Individual or sole proprietor: the bond should read:

1st blank line of bond: John/Jane Doe
2nd blank line of bond: John/Jane Doe or dba name

Company Name: If the licensee is doing business as an Ohio incorporated entity:

1st blank line of bond: XYZ Plumbing Company Inc./LLC.
2nd blank line of bond: XYZ Plumbing Company Inc./LLC.

Partnership: the bond should read:

1st blank line of bond: Names of any general partners
2nd blank line of bond: Name of partnership/dba name

The Certificate of Insurance Form: The certificate of insurance is created by your insurance agent. It is **not** included in your contractor application package. This form must be **typed** and bear **original signatures**. The minimum acceptable coverage for the City of Cleveland is **\$200,000**. Insurance company NAIC number **must** be included

Bodily injury: **\$50,000 and \$100,000** Property Damages: **\$50,000**
City of Cleveland **must** be named as **additional insured**.
City of Cleveland **must** be **certificate holder**.

Insurance Cancellation Clause: The certificate of insurance **must** have a **10** day cancellation clause. In that clause, the following words **must** be deleted. “Endeavor to/try to” and “But failure to mail such notice shall impose no obligation of any kind upon the company, its agents or representatives”. However, if your agent is not authorized to delete the words, please have them complete the **enclosed insurance endorsement form**. If this process is not done accordingly, your application will be **rejected, no exceptions**.

The City of Cleveland will accept a binder for **only 30 days**. We must receive a new certificate of insurance with a **policy number**, or the policy will be considered canceled after the 30 day period.

NOTE TO INSURANCE AGENT: PLEASE MAKE SURE THAT THE AFFORDING COVERAGE IS AUTHORIZED TO DO BUSINESS IN THE STATE OF OHIO AND PROVIDE PROOF. BE AWARE THAT THE CONTRACTOR CAN BE REJECTED IF THIS IS NOT ACCURATE.

YOUR CHECKLIST:

- 1.) Plumbing registration application must be fully completed, signed and notarized.
- 2.) Plumbing Contractor’s bond has original seal and signatures.
- 3.) Power of Attorney must be attached to bond and the sealment dates must match on both.
- 4.) Bond must be typed, and have original signature of principal licensee and attorney
- 5.) Bond must bear original seal
- 6.) Certificate of Insurance and insurance endorsement must be attached and signed.
- 7.) NO POST DATED OR 30/60 DAY VOID CHECKS
- 8.) STATE PLUMBING LICENSE MUST BE ATTACHED
- 9.) Bond length must be length of entire registration period.

Do not mail in registration package if these items are missing or incorrect. Your package will be rejected on site. No exceptions. Please complete and return all registration forms and information to:

City of Cleveland
Dept. of Building and Housing
Plumbing Registration
601 Lakeside Ave. – Room 505
Cleveland, OH 44114
Attn: Debbie Nixon

**CITY OF CLEVELAND
DEPARTMENT OF BUILDING AND HOUSING
APPLICATION FOR CONTRACTOR REGISTRATION OR
CERTIFICATE OF QUALIFICATION**

Registration No _____
Date: _____
Approved _____
Fee _____

DO NOT WRITE ABOVE

NEW APPLICANT

RENEWAL APPLICANT

REGISTRATION TERM 1 YEAR 2 YEARS 3 YEARS

**TO THE DIRECTOR OF BUILDING AND HOUSING:
IN ACCORDANCE WITH THE REQUIREMENTS OF THE CODIFIED ORDINANCES OF THE CITY OF
CLEVELAND THE UNDERSIGNED DOES HEREBY MAKE APPLICATION FOR CERTIFICATE OF
REGISTRATION OR QUALIFICATION FOR ONE OF THE FOLLOWING LISTED BELOW:**

PLEASE CHECK THE TYPE OF REGISTRATION YOU ARE APPLYING FOR:

<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> PLUMBING CONTRACTOR	<input type="checkbox"/> 1, 2, 3 FAMILY ONLY <input type="checkbox"/> ALL WORK
<input type="checkbox"/> SEWER CONTRACTOR	<input type="checkbox"/> HVAC CONTRACTOR	<input type="checkbox"/> 1, 2, 3 FAMILY ONLY <input type="checkbox"/> ALL WORK
<input type="checkbox"/> DEMO CONTRACTOR	<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> 1, 2, 3 FAMILY ONLY <input type="checkbox"/> ALL WORK
<input type="checkbox"/> JOURNEYMAN PLUMBER	<input type="checkbox"/> ELECTRICAL MAINT TECH	
<input type="checkbox"/> FIRE PLACE INSTALLER	<input type="checkbox"/> PICTURE MACHINE OPERATOR	

NAME OF APPLICANT: _____ **PHONE:** () _____
LAST FIRST MI

HOME ADDRESS: _____ **CITY** _____ **STATE** ____ **ZIP** _____

DATE OF BIRTH _____ **SOC. SEC. NO.** _____

NAME OF COMPANY: _____ **PHONE:** () _____

MAILING ADDRESS: _____ **CITY** _____ **STATE** ____ **ZIP** _____

EMAIL ADDRESS: _____ **FEDERAL I.D NO.** _____

*Attach Portrait
Photo Here*

HAVE YOU EVER REGISTERED UNDER A DIFFERENT COMPANY NAME? YES NO
IF YES, WHAT WERE YOUR PREVIOUS COMPANY NAMES?

DO YOU HAVE A CITY OF CLEVELAND LICENSE? YES OR NO IF YES, LIST PREVIOUS LICENSE NO. _____ TYPE _____

DO YOU HAVE A STATE LICENSE? YES OR NO IF YES, WHAT TYPE _____ STATE LICENSE NO. _____ EXPIRATION DATE _____

OFFICERS OF COMPANY:

NAME AND TITLE	ADDRESS	CITY	STATE	ZIP	PHONE

EXPERIENCE AND TRAINING WHICH QUALIFIES YOU FOR A CERTIFICATE OF REGISTRATION OR QUALIFICATION ARE AS FOLLOWS (LIST TRAINING, SCHOOLING, PAST EMPLOYMENT, OR BUSINESS ASSOCIATES, YEARS OF ACTUAL EXPERIENCE AT TRADE, ETC) .

ATTACH SEPARATE SHEET IF REQUIRED

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAS YOUR CERTIFICATE OF REGISTRATION OR QUALIFICATION EVER BEEN SUSPENDED OR REVOKED? YES OR NO IF YES, WHEN? _____ DATE OF REINSTATEMENT _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATION OF THE CLEVELAND BUILDING, ZONING, OR HOUSING CODES? YES NO IF YES, WHEN? _____

HAVE YOU BEEN CONVICTED OF OR PLED GUILTY TO A MISDEMEANOR INVOLVING MORAL TURPITUDE OR OF ANY FELONY? YES OR NO IF YES, WHEN? _____ WHAT COURT? _____ CASE #? _____ CHARGE? _____

HAVE YOU OBTAINED OR RENEWED A CERTIFICATE OF REGISTRATION OR QUALIFICATION BY FRAUD, MISREPRESENTATION OR DECEPTION? YES OR NO

HAVE YOU ENGAGED IN FRAUD, MISREPRESENTATION OR DECEPTION IN THE CONDUCT OF BUSINESS? YES OR NO

HAVE YOU BEEN CONVICTED OF REPEATED VIOLATIONS OF THE OBC OR THE CLEVELAND BUILDING, ZONING, OR HOUSING CODES OR OTHER LAWS OR ORDINANCES REGULATING BUILDING CONSTRUCTION IN THE CITY? YES OR NO IF YES, PROVIDE DETAILS _____

IN THE PAST 12 MONTHS, HOW MANY VIOLATION NOTICES OF THE OBC, AND/OR THE CLEVELAND BUILDING, ZONING, OR HOUSING CODE HAVE YOU RECEIVED? _____ HOW MANY ARE STILL NOT CORRECTED? _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES OR NO

ARE YOU A UNITED STATES CITIZEN? YES OR NO

THE FOLLOWING NAMED AS REFERENCE ARE NOT RELATED TO ME:

	NAME	OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I DO HEREBY CERTIFY THAT I AM FAMILIAR WITH THE REQUIREMENTS OF THE BUILDING, ZONING, AND HOUSING CODES AS APPLICANT, DURING THE PAST YEAR, ALL REQUIRED PERMITS HAVE BEEN OBTAINED AND THAT ALL INSTANCES OF NON-COMPLIANCE WITH, OR VIOLATIONS OF, THE BUILDING CODES HAVE BEEN CORRECTED.

SIGNATURE

County of Cuyahoga }
State of Ohio } ss.

On this _____ day of _____ 20____ personally appeared _____
_____ to me known to be the person herein described and
having signed the above application and on oath swears, (or affirms) that all the statements herein
made, are true to the best of his knowledge and belief.

NOTARY PUBLIC

**MISREPRESENTATION OF STATEMENT OR FACT MAY BE CAUSE FOR REVOCATION OR
SUSPENSION OF CERTIFICATE.**

MASTER PLUMBER'S BOND

CITY OF CLEVELAND

KNOW ALL MEN BY THESE PRESENTS,
THAT _____ as principal,
doing business as _____ Company, and
_____ as surety are held
and firmly bound unto the City of Cleveland or to any of its officers, for the use of any person,
persons, firm or corporation with whom such principal shall contract to do the installation, alteration,
removal, replacement and repair of all drainage systems, plumbing systems, water supply systems,
and gas-piping and all parts thereof, in accordance with the provisions and the requirements of
the Codified Ordinances of the City of Cleveland, in the penal sum of Twenty-five Thousand
Dollars (\$25,000), lawful money of the United States, for the payment of which sum well and
truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns,
jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH that, whereas the
above bounden principal has made application to the Director of Building and Housing for a
Certificate of Registration as a Master Plumber to engage in the business of installation, alteration,
removal, replacement and repair of all drainage systems, plumbing systems, water supply systems,
and gas-piping, and all parts thereof, as required by the Codified Ordinances of the City of
Cleveland, during the period beginning _____, and ending the last day of
_____.

NOW, THEREFORE, if the said principal shall well and truly indemnify, keep and save
harmless the City of Cleveland, or any of its agents or officials for the use of any person, persons,
firm, or corporation with whom such Contractor shall contract to do work, and shall indemnify
and pay any such person, persons, firm or corporation for damage sustained on account of the
failure of such Contractor to perform the work so contracted for in accordance with the provisions
of the Codified Ordinances of the City of Cleveland, and any and all lawful rules and regulations
promulgated under the authority thereof, and from or by reason or on account of anything done
under and by virtue of any permits issued under such Registration for the doing of any work
required with the necessary appurtenances thereto, then this obligation shall be null and void;
otherwise, to remain in full force and effect.

THE LEGAL FORM AND CORRECTNESS
OF THE WITHIN INSTRUMENT IS HEREBY
APPROVED

DIRECTOR OF LAW

By _____
ASSISTANT

Date _____

Principal _____ (Signature)

Address _____

Surety _____ (Seal)

Address _____

Attorney-in-fact _____

CITY OF CLEVELAND - INSURANCE ENDORSEMENT

It is agreed that such insurance as is afforded under this policy for bodily injury liability and for property damage liability also applies to the City of Cleveland, Ohio, as additional insured but only with respect to accident caused by or contributed to:

or his/her employees while performing work, other than done for the City of Cleveland, described in Division 1 (premises-operations of the item 3 of the Policy Declarations) as authorized by permit issued to:

under the Building Code of the City of Cleveland.

It is further agreed that an employee of one of the insured's named in this policy shall not be deemed to be the employee of any other insured named with whom he/she has no contact of employment, oral or written; but the limits of liability for all insured's shall not exceed the limits set forth in the policy.

In the event of any material change in/or cancellation, lapse or non-renewal of this policy, the Company will give ten (10) days notice of such change or cancellation, lapse or non-renewal to the Building Commissioner of the City of Cleveland, Ohio.

Schedule:

Limits of this policy are equal to or exceed Fifty Thousand and One Hundred Thousand (\$50,000 & \$100,000) for bodily injury and Fifty Thousand (\$50,000) for property damage.

Term of Policy: From: _____ To: _____

This endorsement forms a part of policy # _____

Agent: _____

Contractors Registration Term - From: _____ To: _____

(Notice to the City of Cleveland of termination/non-renewal is not required if the date falls after the terms of the contractor's registration period.)

Nothing herein contained shall be held up to vary, alter, waive or extend any of the terms or conditions of the policy, except as herein set forth.

Agent's Signature: _____