

Shelby County Building Department
 Administrative Agency: Sidney-Shelby County Health Department
 202 W. Poplar Street, Sidney, OH 45365
 Phone: (937) 498-7249 Fax: (937) 498-7013

APPLICATION FOR 2012 BUILDING CONTRACTOR REGISTRATION

In accordance with the Shelby County Building Code, all contractors must be registered, bonded and demonstrate proof of liability insurance and worker's compensation coverage before engaging in any construction, alteration or repairs. **(This registration excludes Plumbing Contractor Registration and Household Sewage Treatment System Contractor Registration.) **State contractor license # required for Commercial Permits for Electrical, HVAC, Hydronics & Refrigeration ONLY.**

This application is hereby made for registration as a:

| | |
|--|--|
| Registration Fee: | |
| <input type="checkbox"/> General Contractor \$125.00 | <input type="checkbox"/> All Other Contractors \$75.00 |

It is understood that by signing this application, I/we agree to abide by all rules and regulations pertaining to Building Code of Shelby County. Additionally, I/we have attached proof of the following.

- Original copy of Permit Bond in the amount of **\$20,000** for general contractors (\$3,000 for all other types of contractors)
 Effective Dates: _____
*Certificate Holder/Obligee should read:
 Sidney-Shelby Co. Health Department
 202 W. Poplar St., Sidney, Ohio 45365*
- \$250,000** Liability Insurance
 Effective Dates: _____
All items must be received before application is approved. If bond and/or liability policies are still in force for all or part of 2012, please note on application. No building permit application will be accepted until registration is complete.
- Proof of Worker's Compensation
- State Contractor License (submit photocopy of license – **required for Electrical, HVAC, Hydronics & Refrigeration - COMMERCIAL JOBS ONLY.**)

Name of Business: _____ ****State Contractor License #**

Name of Owner: _____

Address: _____
City State Zip

Office Phone _____ Cell Phone _____ Fax _____

Applicant's Signature _____ Date _____

***** OFFICE USE ONLY *****

TOTAL PAID: _____ REGISTRATION #: _____

DATE PAID: _____ APPROVED: _____ DISAPPROVED _____

RECEIPT #: _____
 AUTHORIZED BY _____ DATE _____