

**Department of Development,  
Enforcement & Facilities**

28 Curran Drive  
Athens, Ohio 45701  
(740) 592-3306  
(740) 594-6304 Fax  
<http://www.ci.athens.oh.us>



*City of Athens*  
ATHENS, OHIO

Richard Sirois, Director  
Development, Enforcement, Facilities

Steve Patterson,  
Mayor

Dear Contractor,

Your registration as a contractor in the City of Athens expires June 1<sup>st</sup> of each calendar year, you must register every year prior to doing any work. Failure to register is subject to a \$500 per job penalty, maximum of \$1,000 per year.

All of the following items must be included to complete your registration with the City of Athens:

1. Application for registration
2. Certificate of Insurance (with the City of Athens as certificate holder)
3. Tax registration form
4. \$75.00 yearly registration fee (or \$37.50 after December 1<sup>st</sup>)
5. Copy of current Workers Compensation Certificate (if applicable)
6. State License Number (if applicable)

All contractors shall carry liability insurance coverage with a minimum of \$100,000 property and \$300,000 bodily injury/wrongful death insurance. All work shall comply with the current edition of the applicable codes (O.B.C., O.M.C., O.P.C., R.C.O. 1, 2, and 3 Family and the City of Athens housing code) and ordinances governing such work. It is the Contractor's responsibility to be aware of all current changes in the codes, as they will be enforced.

A copy of the City of Athens permit must be kept on the site of building or work at all times. All sites must be properly identified with an address and also the subplot number if new construction.

Registration may be revoked for:

1. Misrepresentation of material fact by the applicant in obtaining a certificate of registration and qualification.
2. Use of a certificate of registration and qualification in obtaining a permit for another.
3. Departure from or disregard of plans and specifications filed with the application for a permit.
4. The non-compliance with or violation of any provision or regulation of the building or zoning codes or rules and regulations promulgated thereunder.

All complete forms, licenses and documentation must be returned together with the registration fee to be considered. Fees cannot be accepted without all documentation and forms. You may find the forms at <http://www.ci.athens.oh.us/DocumentCenter/View/96>.

Checks may be made payable to The City of Athens.

Office of Code Enforcement &  
 Community Development  
 28 Curran Drive  
 Athens, Ohio 45701  
 740-592-3306 (office)  
 740-594-6304 (fax)



*City of Athens*  
*Athens, Ohio*

Richard Sirois,  
 Director Development, Enforcement, Facilities

Steve Patterson,  
 Mayor

**Application of Registration for General Contractors and Subcontractors**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

President or Owner: \_\_\_\_\_  
 (name to appear on registration certificate)

Federal Tax I.D. # \_\_\_\_\_ \*State Lic.# \_\_\_\_\_  
 (or Social Security #)

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Please check any of the following that represent the type of work performed by your company.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Contractor             | <input type="checkbox"/> *Fire Protection  | <input type="checkbox"/> Signs          |
| <input type="checkbox"/> * Electrical                   | <input type="checkbox"/> Tree Service      | <input type="checkbox"/> Siding/Windows |
| <input type="checkbox"/> Residential                    | <input type="checkbox"/> Roofing           | <input type="checkbox"/> Waterproofing  |
| <input type="checkbox"/> * Commercial                   | <input type="checkbox"/> Steel Erection    | <input type="checkbox"/> Excavation     |
| <input type="checkbox"/> * Plumbing/Sewer               | <input type="checkbox"/> Fences            | <input type="checkbox"/> Solar Panels   |
| <input type="checkbox"/> Residential                    | <input type="checkbox"/> Pools             | <input type="checkbox"/> Insulation     |
| <input type="checkbox"/> * Commercial                   | <input type="checkbox"/> Paving            | <input type="checkbox"/> *Hydronics     |
| <input type="checkbox"/> *Installation of water heaters | <input type="checkbox"/> Carpentry/Framing | <input type="checkbox"/> Drywall        |
| <input type="checkbox"/> *HVAC                          | <input type="checkbox"/> *Refrigeration    | <input type="checkbox"/> Stucco         |
| <input type="checkbox"/> Residential                    | <input type="checkbox"/> Fireplaces        | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> * Commerical                   | <input type="checkbox"/> Property Managers | (please note type)                      |

\* All trades marked with an asterisk require a state license number

\* Hot Water Heaters ACC 29.22.04 Water heating facilities

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

8 East Washington Street - Athens, OH 45701

Phone: (740) 592-3337 Fax: (740) 592-6400

### City of Athens Business/Professional Registration Form

- Initial Registration
- File Update

Name of Business \_\_\_\_\_

Federal ID# /SS# \_\_\_\_\_

Corporate Address \_\_\_\_\_

Corporate Phone # \_\_\_\_\_

\_\_\_\_\_

Corporate Contact \_\_\_\_\_

Doing Business As \_\_\_\_\_

Accounting Period:  Calendar Year

Nature of Business \_\_\_\_\_

Fiscal Year Ending \_\_\_\_\_  
Month Day

Type of Business: (please check one)

- Sole Proprietorship
- Partnership
- S Corporation
- Corporation
- Ltd Liability
- Non-Profit

Type of federal tax forms filed (check all that apply)

- Schedule C
- Schedule E
- 1120
- 1120S
- 1065
- 8825
- SKE
- K1

Starting date of Athens operation: \_\_\_\_\_

Number of employees at Athens location reported on

WZ's: \_\_\_\_\_

Number of contractual employee's at Athens location

Reported on 1099's \_\_\_\_\_

Yes No

Do you use a payroll company to submit monthly or quarterly withholding payments? (please circle one)

If yes, list payroll company: \_\_\_\_\_

Resident Business: (business located in Athens) Are the premises in Athens rented/leased? (please circle one)

If yes, from whom: \_\_\_\_\_ Address of lessor: \_\_\_\_\_

Non-Resident Businesses: (contractors, vendors, etc. temporarily conducting business in Athens)

Address of Athens job site: \_\_\_\_\_

Please attach a complete listing with addresses and phone numbers of all subcontractors.

I do hereby certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_