***BUILDING DEPT.***

Ph 216 831-1234 x-1233

Fax 216 292 4109

*Benjamin Holbert, Mayor*
*Rick Loconti, Chief Building Official*

*28799 Chagrin Blvd.*
*Woodmere, OH 44122*

# CONTRACTOR REGISTRATION APPLICATION

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ FID# _____

Cell: _____ Email: _____

---

REGISTRATION TYPE: New Renewal

CONTRACTOR TYPE: __ General __ Electrical __ Plumbing __ HVAC __ Other

ADDRESS OF PROJECT: _____

**REQUIREMENTS:**

- Registration Fee- $100.00. Company or certified check, cash or money order
- Certificate of Insurance naming Woodmere Village as additional insured
- BWC certificate
- Copy of State License- (REQUIRED for Electrical, Plumbing and HVAC Contractors)

**Contractor licenses are good for one (1) calendar year from date of issuance**

_____ _____

Contractors Signature Print Contractors Name