



Building Department  
4480 Colorado Avenue • Sheffield Village, Ohio 44054  
• Phone (440) 949-6209 • Fax (440) 949-5371  
[www.sheffieldvillage.com](http://www.sheffieldvillage.com)

## **2026 REGISTRATION /FEES & POLICIES**

All contractor forms must be complete and signed by an authorized signatory of the company.

- Provide a Certificate of Liability Insurance, including, but without limitation, for bodily injury in the amount of five hundred thousand dollars (\$500,000) per occurrence, as required by ORC 4740.06(B)(4)
- If the contractor will perform work in the public right of way, liability insurance as prescribed at section 910.02(g) of the codified ordinances of the Village of Sheffield.
- A contractor's surety bond in the amount of fifteen thousand dollars (\$15,000), executed by a solvent surety company licensed to engage in the business of insurance in Ohio.
- Workers compensation insurance in the amount required by law.
- A valid and unexpired Ohio Construction Industry Licensing Board (OCILB) license issued for the year and the trade (HVAC, Hydronics, Refrigeration, Plumbing, Electrical) for which registration is sought, pursuant to ORC 4740. This license requirement applies to all residential and commercial work constructed by residential and commercial contractors covered by the current versions of the Ohio Building Code and the Residential Code of Ohio.
- **Provide a copy of a completed Sheffield Village RITA Income Tax form 48. No exceptions will be permitted.**
- All outstanding fees shall be paid in full before registration is permitted.

Registration fee:

General contractor    \$175.00

Subcontractor fee is    \$100.00

**\*Fees will be doubled for any contractor working without registration\***

**Payments can be made in person with cash or check at the Building Department located at 4480 Colorado Ave. Hours are M-F 7:30 am to 3:30 pm – or you can email your application to [lesliee@sheffieldvillage.com](mailto:lesliee@sheffieldvillage.com) and pay via credit / debit / - A service fee of 3.25% (minimum \$2.95) will be assessed to all credit card payments**

**If you request a hard copy of your payment receipt and registration certificate, enclose a self-addressed stamped envelope with your application, otherwise a copy will not be sent out.**

**General contractors must submit a complete list of subcontractors for each project to the Building Department. All subcontractors must be registered.**  
**Occupancy permits *are not* issued unless all contractors and their subcontractors have been registered.**

## **Inspection Procedures**

- Requests for inspections involving any residential or commercial project must be submitted to the Building Department. 24 hr. notice for inspection is required prior to the requested inspection date. (24 hr. notice does not include weekends or holidays).
- It is the contractor's responsibility to contact the Building Department to schedule their individual inspections.

**All residential, commercial, or industrial construction is subject to the following minimum inspections:**

- Sewer, water, or street openings must be inspected before covering.
- Footers to be inspected before concrete.
- All underground plumbing, heating, electric, slabs, in-ground insulation, drainage systems, waterproofing, etc. shall be inspected before covering.
- Rough-in electrical, plumbing, mechanical and framing (structural or otherwise) shall be inspected before insulation is applied.
- Insulation inspection is required before any covering is installed.

**Additional inspections may be required for your project, contact the Building Department for a complete listing of required inspections.**

## **Occupancy Permits**

- Will not be issued until:
  - All fees are paid
  - Final grade is approved
  - Drives, sidewalks, parking areas or other site improvements are complete
  - Utilities are complete and verified
  - The address must be visible on the exterior of the building or suite
  - All final building inspections are complete including fire safety

## **Sheffield Village Utilities Department Requirements**

- All water and sanitary sewer installations must meet the Sheffield Village specifications. The specifications are available at the Water Department.
- Call the Water/Sewer Department 24 hours in advance to schedule water tap installation, inspection, or to witness the pressure test before backfilling at 949-6210.
- Complete "as built" drawings specifying the location of any tap, manhole, shutoff, or any other device associated with the Utilities Department. Drawings must be submitted to the Water/Sewer Department before installation is approved, it must be on a thumb drive in PDF format.
- Failure to comply with any of the regulations will result in rejection of installation and refusal of water/sanitary service.
- **Sanitary / storm water connections must be verified leak free. Pressure test is a minimum standard. All sanitary installations must pass minimum requirements. No occupancy permit will be issued without proper verification.**

- All development requiring storm water control measures must comply with the specifications required by the most recent MS4 permit for Sheffield Village. All regulations will be strictly enforced.
- All development must comply with the latest FEMA FIRM map available for the Village of Sheffield. All floodplain regulations will be strictly enforced.

## **CALL FOR AN INSPECTION BEFORE YOU COVER!**

Failure to request an inspection will result in a stop work order. All coverings must be removed to facilitate a proper inspection. This includes footers, concrete, framing, drywall, or any other covering that may obscure a clear inspection.

**There will be no exceptions.**

## **DEPARTMENT LOCATION & TELEPHONE NUMBERS**

Building Department, Service Department and Water Department  
4480 Colorado Avenue, Sheffield Village

Water Department	(440) 949-6210
Building Department & Service	(440) 949-6209
Fax	(440) 949-5371

## **INSPECTOR CONTACT INFORMATION**

<b>Residential &amp; Commercial Building</b>	Dave Faciana	(440) 949-6209
<b>Plumbing</b>	Tracy Ellan	(440) 949-6209
Residential & Commercial		
<b>Electrical</b>	Mike Farmer	(440) 949-6209
Residential & Commercial		
<b>Water, Sewer, Streets &amp; Stormwater</b>	Dennis Shawver	(440) 949-6209
<b>Fire Prevention</b>	Greg Davis	(440) 949-6032

If you have any questions for the inspectors, please  
contact the Building Department at 440-949-6209 or [lesliee@sheffieldvillage.com](mailto:lesliee@sheffieldvillage.com)



## SHEFFIELD VILLAGE CLERK-TREASURER REPORTING REQUIREMENTS

- All contractors must submit **WEEKLY** manpower reports. Include manpower totals for your subcontractors as well. Daily numbers should reflect the total number of employees on site for each company daily, and the total number of all workers in total for that day.
- **Reports must be provided electronically to the following individuals:**

[fiscallofficer@sheffieldvillage.com](mailto:fiscallofficer@sheffieldvillage.com)  
[lesliee@sheffieldvillage.com](mailto:lesliee@sheffieldvillage.com)

- Below is a sample of the manpower information to be provided:

**PROJECT  
NAME /  
LOCATION**

DATE	DAY	COMPANY	COMPANY	COMPANY	
		ABC Contractor	Sub-Contractor ABC	Sub-Contractor XYZ	<b>DAILY TOTAL MANPOWER</b>
8/29/2014	Friday	11	26	5	42
8/30/2014	Saturday			5	5
8/31/2014	Sunday				0
9/1/2014	Monday	HOLIDAY	HOLIDAY	HOLIDAY	0
9/2/2014	Tuesday	8	29	0	37
9/3/2014	Wednesday	9	30	7	46
9/4/2014	Thursday	10	27	9	46
9/5/2014	Friday	15	27	3	45

Manpower totals must be submitted weekly!

**Failure to maintain reporting standards may result in suspension of occupancy permits or inspections.**

## Contractor Registration Application Checklist

- ☐ Contractor Registration Application:
  - Completed and signed by the person chosen to be the responsible authority for the company.
- ☐ Certificate of Liability Insurance:
  - including, but without limitation, for bodily injury in the amount of five hundred thousand dollars (\$500,000) per occurrence, as required by ORC 4740.06 (B)(4).
- ☐ Surety Bond:
  - in the amount of fifteen thousand dollars (\$15,000)
  - Executed by a solvent surety company licensed to engage in business of insurance in Ohio
- ☐ Workers Compensation certificate
- ☐ Sheffield Village RITA form 48:
  - Provide a completed copy of Sheffield Village RITA form 48.
- ☐ Copy of State License if OCILB (if applicable)
  - Contractors and Subcontractors providing Plumbing, Electrical, HVAC, Refrigeration or Hydronics services shall provide copy of license to Building Department.
- ☐ Registered Contractor Sub List:
  - A General Contractor shall provide a list of all subcontractors used on the project.
- ☐ Registration Fee:
  - The registration fee for
    - General Contractor - \$175.00
    - Subcontractor - \$100.00

### Payment may be made:

In person or by mail

Sheffield Village Building Department  
4480 Colorado Ave.  
Sheffield Village, Ohio

Email

lesliee@sheffieldvillage.com

Cash, Check and Credit Card are accepted – all credit card transactions will have a 3.25% (minimum of \$2.95) fee assessed.

**When the application is approved – a link will be provided to make your payment.**



## 2026 APPLICATION FOR REGISTRATION

☐ General Contractor, \$175

☐ Sub-Contractor, \$100

PLEASE CHECK ANY OF THE FOLLOWING THAT REPRESENT THE TYPE OF WORK PERFORMED BY YOUR COMPANY.

☐ ELECTRICAL  
☐ TREE SERVICE  
☐ PLUMBING/SEWER  
☐ LANDSCAPING  
☐ HVAC  
☐ STEEL ERECTION  
☐ FENCES  
☐ PAVING  
☐ CARPENTRY / FRAMING

☐ CONCRETE / MASONRY  
☐ EXCAVATION  
☐ FIRE PROTECTION  
☐ ACCESSORY BUILDINGS  
☐ GLAZING  
☐ INSULATION  
☐ MECHANICAL  
☐ POOLS  
☐ ROOFING

☐ SECURITY SYSTEMS  
☐ SIDING / WINDOWS  
☐ SIGNS  
☐ WATERPROOFING  
☐ ROW SERVICE PROVIDER  
☐ OTHER: \_\_\_\_\_

**\*\*If you are a state certified contractor for plumbing, electric, hvac or hydronics, a copy of your state license must be submitted\*\***

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DO YOU DO BUSINESS UNDER ANY OTHER NAME? IF SO, WHAT IS THE NAME: \_\_\_\_\_

PRESIDENT NAME or OWNER NAME: \_\_\_\_\_

FEDERAL TAX ID / SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ☐ renewal notices will be emailed to this address

PROJECT LOCATION & NAME: \_\_\_\_\_

PROJECT GENERAL CONTRACTOR: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, I VERIFY THAT I HAVE RECEIVED THE INFORMATION REGARDING BUILDING DEPARTMENT REGULATIONS AND CLERK-TREASURER INCOME TAX REPORTING REQUIREMENTS.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

11/20/2025



## 2% INCOME TAX RATE

**FORM  
48**Regional Income Tax Agency  
Business Registration Form800.860.7482  
TDD 440.526.5332  
ritaohio.com

SHEFFIELD VILLAGE #752

Municipality

**Business Type**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit            |
| <input type="checkbox"/> S-Corp      | <input type="checkbox"/> Estate & Trust        |
| <input type="checkbox"/> LLC         | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> Partnership |  |

**Reason for Registration**

- ☐ Courtesy withholding for an employee's resident municipality
- ☐ Doing business within the municipality this year (temporary)
- Approx. # of days \_\_\_\_\_ Start Date \_\_\_\_\_
- ☐ Business with a fixed location
- Date business began at this location \_\_\_\_\_

**Company Information** (List physical address of work performed within this municipality)

Name: _____	Federal ID #: _____
Address: _____	SSN: _____
City/State/Zip: _____	(required if sole proprietor)
Mailing Address (for withholding tax forms / if different from above)	Mailing Address (for net profit tax forms / if different from above)
_____	_____
_____	_____

**\*Please note that your Federal Identification Number will serve as your RITA account number.****Filing Status:**
☐ Calendar year    ☐ Fiscal year / month ending \_\_\_\_\_
Do you have any employees? ☐ Yes ☐ No

Number of employees at RITA location \_\_\_\_\_

My withholding is filed under a 3rd party account (PEO or common paymaster)

☐ Yes ☐ No

If yes, list Federal ID # \_\_\_\_\_

Monthly gross payroll at RITA location \$ \_\_\_\_\_

I am a small employer (under \$500,000 in gross revenue during previous year)

☐ Yes ☐ No**Contractors**I am a contractor ☐ Yes ☐ NoWill you be using sub-contractors? ☐ Yes ☐ No

If yes, complete page 2.

Total contract amount of the project \$ \_\_\_\_\_

The Information Hereby Submitted is True and Correct.

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA  
ATTN: BUSINESS REGISTRATION  
P.O. BOX 477900  
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008  
TDD: 440.526.5332  
Fax: 440.526.3136