

# 4480 Colorado Avenue Sheffield Village, Ohio 44054 (440) 949-6209 (440) 949-5371 fax

### \*\*NEW INSPECTOR CONTACT INFORMATION\*\*

# **Contractor Registration Information**

To register as a contractor in Sheffield Village,

- All contractor forms must be complete and signed by authorized signatory of company.
- Provide a Certificate of Liability Insurance:
  - Issued by a solvent insurance carrier licensed to engage in the business of insurance in the State of Ohio with minimum coverage of one hundred thousand dollars (\$100,000) for property damage, and three hundred fifty thousand dollars (\$350,000) for one (1) occurrence. Sheffield Village shall be named certificate holder for such policy.
- 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.

#### The registration fee:

General contractor \$125.00 Subcontractor fee is \$50.00

All plumbing, electrical, hvac, refrigeration or hydronics contractors must provide a copy of your state license at the time of registration. This applies to both residential and commercial contractors. Payments can be made in person with cash, check or credit card 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 A service fee of 3.25% (minimum \$2.95) will be assessed to all credit card payments and ACH payments will have a flat rate fee of \$2.25 per transaction.

If you request a hard copy of your payment receipt and registration certificate, enclose a self-addressed stamped envelope with your application.

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.

### **Building Permit Procedures**

#### Residential:

- Single houses on an individual lot a site plan including topography must be submitted to the Building Department and approved by the Village Engineer before a building permit will be issued.
- Subdivisions Consisting of more than one house more than one lot must follow Chapter 1109 of Village of Sheffield Codified Ordinances.
- Building prints must be submitted on a CD in PDF format along with the hard copy and application.
- The permit process may take up to 3 weeks.

#### Commercial:

- The proposed development or construction must comply with Chapter 1109 of the Village of Sheffield Codified Ordinances before permits will be considered.
- For any new construction, alterations or additions, a copy of the building prints must be submitted on a CD in PDF format along with the hardcopies required and application.
- The permit process may take up to 3 weeks.

#### Industrial:

Follow Commercial Procedures.

### **Inspection Procedures**

- Requests for inspections involving any residential or commercial project must be submitted to the Building Department. A 24 hr notice for inspection is required prior to the requested inspection date. (24 hr notice does not include weekends or holidays).
- For inspections of floor elevation or final grade you must contact the Building Department at 440-949-6209 to schedule an appointment.
- 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 visible on the exterior of 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 CD 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 inspection by contractor 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 OH 44054

Water Department

(440) 949-6210

**Building Department** 

(440) 949-6209

Service Department

(440) 949-6209

Fax

(440) 949-5371

### **INSPECTOR CONTACT INFORMATION**

Residential & Commercial Building	<b>Emily Hanson</b>	(440) 949-6209
Plumbing Residential & Commercial	Emily Hanson	(440) 949-6209
Electrical Residential & Commercial	Tim Golden	(440) 949-6209
Water, Sewer, Streets & Stormwater	Ken Kaczay	(440) 949-6209
Fire Prevention	Greg Davis	(440) 949-6032

If you have any questions for the inspectors, please contact the Building Department at 440-949-6209 or <a href="lessiee@sheffieldvillage.com">lessiee@sheffieldvillage.com</a>

### 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:

<u>fiscalofficer@sheffieldvillage.com</u> <u>mayorhunter@sheffieldvillage.com</u> <u>lesliee@sheffieldvillage.com</u>

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

DATE	DAY	COMPANY	COMPANY	COMPANY	
		ABC Contractor	Sub- Contractor ABC	Sub- Contractor XYZ	DAILY TOTAL MANPOWER
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 t company.	: the person chosen to be the responsible authority for the
limits of liability no less than	ompany licensed to do business in the State of Ohio with the one hundred thousand dollars (\$100,000) for damages to a ndred thousand dollars (\$350,000) for one (1) occurrence.
Sheffield Village RITA form 48: Provide a completed copy o	f Sheffield Village RITA form 48.
	oplicable) tors providing Plumbing, Electrical, HVAC, Refrigeration or vide copy of license to Building Department.
and the second of the second o	provide a list of all subcontractors used on the project. This quest for final inspection and certificate of occupancy will
Registration Fee: - The registration fee for General Contractor - Subcontractor -	\$125.00 \$ 50.00
Payment may be made: In person or by mail	Sheffield Village Building Department 4480 Colorado Ave. Sheffield Village, Ohio
Email	lesliee@sheffieldvillage.com

Cash, Credit Card and ACH payments are accepted – all credit card transactions will have a 3.25% (minimum of \$2.95) fee assessed / ACH payments will have a flat rate fee of \$2.25.

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



# APPLICATION FOR REGISTRATION

Registering As (check one): □General Contractor, \$125

□Sub-Contractor, \$50

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 □CONCRETE / □EXCAVATION □FIRE PROTEC □ACCESSORY F □GLAZING □INSULATION □MECHANICAL	MASONRY I CTION BUILDINGS	□POOLS □ROOFING □SECURITY SYSTEMS □SIDING / WINDOWS □SIGNS □WATERPROOFING □OTHER:	
**If you are a state certified constate license must be submitted		nbing, electric, hva	ac or hydronics, a copy of your	ř.
COMPANY NAME:		1		
ADDRESS:				
CITY:	_STATE:	ZIP CODE:		
DO YOU DO BUSINESS UNDER ANY NAME:		THE PERSONS AND THE PROPERTY OF THE PROPERTY O		
PRESIDENT NAME or OWNER NAME	ME:			
FEDERAL TAX ID / SOCIAL SECUR	ITY NUMBER:			
TELEPHONE NUMBER:		FAX:		
CELL NUMBER:				
E-MAIL:		_ 🗆 renewal notices	s will be emailed to this address	
PROJECT LOCATION & NAME:				
PROJECT GENERAL CONTRACTOR	:			
BY SIGNING THIS DOCUMENT, I V BUILDING DEPARTMENT REGUL REQUIREMENTS.				G
SIGNATURE OF APPLICANT:				
DATE:	_			
FEDERAL TAX ID / SOCIAL SECUR TELEPHONE NUMBER:  CELL NUMBER:  E-MAIL:  PROJECT LOCATION & NAME:  PROJECT GENERAL CONTRACTOR BY SIGNING THIS DOCUMENT, I V BUILDING DEPARTMENT REGUL REQUIREMENTS.	: /ERIFY THAT I I	FAX:FAX:FAX:FAX:FAX:FAX:FAX:FAX:FAX:_FAX:	s will be emailed to this addr  HE INFORMATION REGARE INCOME TAX REPORTING	ess

#### 2% INCOME TAX RATE

**FORM** 48

Regional Income Tax Agency **Business Registration Form** 



800.860.7482 TDD 440.526.5332 ritaohio.com

# CHECEICI DAVILLACE #752

Municipality	
Business Type	eason for Registration
Corporation Non-Profit	Courtesy withholding for an employee's resident municipality
S-Corp Estate & Trust	Doing business within the municipality this year (temporary)
LLC Sole Proprietor / LLC	Approx. # of days Start Date
Partnership	Business with a fixed location Date business began at this location
	Date business began at this location
Company Information (List physical address of work performance)	med within this municipality)
Name:	Federal ID #:
Address:	SSN: (required if sole proprietor)
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 endin	g
Do you have any employees? Yes No	COP 1
Number of employees at RITA location	
My withholding is filed under a 3rd party account (PEO or con If yes, list Federal ID #	
Monthly gross payroll at RITA location \$	
l am a small employer (under \$500,000 in gross revenue during pre	vious year) Yes No
Contractors	
I am a contractor Yes No	
Will 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.	
rint Name	Title Phone Number
ignature	Date
lease complete and sign this Registration Form and return within 10 business days. If rocessing of any required income tax filings or may result in future penalty and interest epartment at the number below.	rease be advised that railure to ilmely register with KITA may result in detays in the st charges, if applicable. If you have any questions please contact the Registration

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