

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

## 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, credit card (Master Card, Visa, Discover) at the Building Department located at 4480 Colorado Ave. Hours are M-F 8:00 am to 4:00 pm. **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 be 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

<b>Residential Building</b>	Joe Temkiewicz	(440) 949-2298
<b>Commercial Building</b>	Tom Horseman	(440) 949-6209
<b>Plumbing</b> Residential & Commercial	Tom Horseman	(440) 949-6209
<b>Electrical</b> Residential & Commercial	Tim Golden	(440) 949-6209
<b>Water, Sewer, Streets &amp; Stormwater</b>	Ken Kaczay	(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:**

[fiscalofficer@sheffieldvillage.com](mailto:fiscalofficer@sheffieldvillage.com)  
[leahp@sheffieldvillage.com](mailto:leahp@sheffieldvillage.com)  
[mayorhunter@sheffieldvillage.com](mailto:mayorhunter@sheffieldvillage.com)  
[lesliee@sheffieldvillage.com](mailto:lesliee@sheffieldvillage.com)

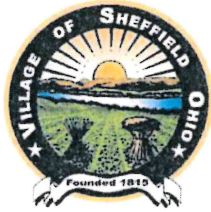
- Below is a sample of the manpower information to be provided:

DATE	DAY	COMPANY	COMPANY	COMPANY	DAILY TOTAL MANPOWER
		ABC Contractor	Sub- Contractor ABC	Sub- Contractor XYZ	
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





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Sheffield Village, Ohio 44054  
(440) 949-6209 (440) 949-5371 fax

## Contractor Registration Application Checklist

- Contractor Registration Application:
  - Completed application signed by a signatory authority of the company.
- Certificate of Liability Insurance:
  - Written by a solvent insurance company licensed to do business in the State of Ohio with the limits of liability no less than one hundred thousand dollars (\$100,000) for property damage, and three hundred thousand dollars (\$350,000) for one (1) occurrence.
- Sheffield Village RITA form 48:
  - Provide a completed copy of Sheffield Village RITA form 48.
- Provide a copy of State of Ohio license, if OCILB is applicable.
  - Contractors and Subcontractors providing Plumbing, Electrical, HVAC, Refrigeration or Hydronics services shall provide copy of Ohio license to Building Department.
- Provide Subcontractor list.
  - A General Contractor shall provide a list of all subcontractors used on the project. This list is required before the request for final inspection and certificate of occupancy will be processed.
- Registration Fee:
  - The registration fee for
    - General Contractor - \$125.00
    - Subcontractor - \$ 50.00
- Payment made to:

In person or by mail                      Sheffield Village Building Department  
4480 Colorado Ave.  
Sheffield Village, Ohio 44054

By phone / fax                                      ph 440-949-6209 / fax 440-949-5371

**IF YOU REQUEST A HARD COPY OF YOUR PAYMENT RECEIPT AND REGISTRATION CERTIFICATE,  
ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR APPLICATION.**

The Village of Sheffield accepts payment by cash, check or credit card (MasterCard, Visa, or Discover)



## 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.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ELECTRICAL     | <input type="checkbox"/> CARPENTRY / FRAMING | <input type="checkbox"/> POOLS            |
| <input type="checkbox"/> TREE SERVICE   | <input type="checkbox"/> CONCRETE / MASONRY  | <input type="checkbox"/> ROOFING          |
| <input type="checkbox"/> PLUMBING/SEWER | <input type="checkbox"/> EXCAVATION          | <input type="checkbox"/> SECURITY SYSTEMS |
| <input type="checkbox"/> LANDSCAPING    | <input type="checkbox"/> FIRE PROTECTION     | <input type="checkbox"/> SIDING / WINDOWS |
| <input type="checkbox"/> HVAC           | <input type="checkbox"/> ACCESSORY BUILDINGS | <input type="checkbox"/> SIGNS            |
| <input type="checkbox"/> STEEL ERECTION | <input type="checkbox"/> GLAZING             | <input type="checkbox"/> WATERPROOFING    |
| <input type="checkbox"/> FENCES         | <input type="checkbox"/> INSULATION          | <input type="checkbox"/> OTHER: _____     |
| <input type="checkbox"/> PAVING         | <input type="checkbox"/> MECHANICAL          |   |

**\*\*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: \_\_\_\_\_  check here if you would like your registration forms e- mailed next year

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: \_\_\_\_\_



FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)

FILING STATUS:  CORPORATION  ESTATE/TRUST  LLC  NON-PROFIT  PARTNERSHIP  S-CORP  SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES
BUSINESS NAME:
ADDRESS: CITY: STATE: ZIP:
PHONE: ( )

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE
BUSINESS NAME:
ADDRESS: CITY: STATE: ZIP:
PHONE: ( )

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS
NAME:
ADDRESS: CITY: STATE: ZIP:
PHONE: ( )

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY?

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS
TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO
IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: MONTHLY GROSS PAYROLL AT RITA LOCATION:

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO
BUSINESS NAME: PHONE: ( )
CARE OF:
ADDRESS: CITY: STATE: ZIP:

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR MONTH / DAY / YEAR

SEND NET PROFIT TAX RETURN TO
BUSINESS NAME: PHONE: ( )
CARE OF:
ADDRESS: CITY: STATE: ZIP:

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: DATE:

PRINT NAME: TITLE: PHONE: