

CITY OF SALEM

General Contractor/Subcontractor Job Registration

(Required with application for Zoning Permit)

Date: _____ City Registration # _____

General Contractor: _____

Address: _____ Ohio State License #: _____

City: _____ State: _____ Zip: _____ Phone: _____

PROJECT: _____ LOCATION _____

(If subcontractors are not used, indicate by signing the following) **I CERTIFY THAT SUBCONTRACTORS ARE NOT WORKING ON THE ABOVE PROJECT.**

DATE JOB STARTS _____

Signed

*** Effective January 31, 2002, Ohio House Bill 434 requires the mandatory state licensing of all electrical, HVAC, plumbing, hydronics and refrigeration contractors. HB 434 permits cities to register contractors and charge a fee, in addition to requiring the submittal of proof of registration.**

HVAC _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

EXCAVATION _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

REFRIGERATION _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

MASONRY _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

ELECTRICAL _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

STRUCTURAL _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

PLUMBING _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

DRY WALL/PLAST. _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

HYDRONICS _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

CARPENTRY. _____

*Ohio State License # _____

Address _____

Cty/State/Zip _____

Phone _____ Contact _____

City Registration # _____

NOTE EACH CONTRACTOR ON THIS SHEET MUST BE REGISTERED WITH THE INCOME TAX OFFICE BEFORE A ZONING PERMIT IS ISSUED

NOTE THE GENERAL CONTRACTOR IS REQUIRED TO CONTACT THE SUBCONTRACTORS AND ADVISE REGISTRATION IS REQUIRED ...!