



REGISTRATION TO PERFORM ELECTRICAL/HVAC WORK

PLEASE READ THE FOLLOWING REQUIREMENTS AND PROCEDURES
CAREFULLY:

1. TO REGISTER WITH THE CITY OF FAIRFIELD TO PERFORM ELECTRICAL AND/OR HVAC WORK WITHIN THE CITY LIMITS, THE CONTRACTOR MUST HAVE A CURRENT OHIO STATE CONTRACTOR'S LICENSE.
2. THE REGISTRATION FEE IS \$100.00. CHECK SHOULD BE MADE PAYABLE TO "CITY OF FAIRFIELD."
3. CERTIFICATE OF INSURANCE **NAMING FAIRFIELD BUILDING DIVISION AS A CERTIFICATE HOLDER IS REQUIRED**, WITH MINIMUM LIMITS OF LIABILITY COVERAGE AS FOLLOWS: \$250,000/\$500,000 BODILY INJURY LIABILITY AND \$250,000 PROPERTY DAMAGE LIABILITY. THIS CAN BE FAXED DIRECTLY TO OUR OFFICE (513)867-5310 OR MAILED TO THE ADDRESS LISTED BELOW.

CITY OF FAIRFIELD
BUILDING AND ZONING DIVISION
5350 PLEASANT AVENUE
FAIRFIELD, OHIO 45014

4. ALL REGISTRATIONS EXPIRE DECEMBER 31ST OF EACH CALENDER YEAR. THE RENEWAL FEES ARE AS FOLLOWS:

ELECTRICAL CONTRACTOR	\$35.00
HVAC CONTRACTOR	\$35.00

A DOUBLE FEE WILL BE CHARGED FOR EACH YEAR THE REGISTRATION IS NOT RENEWED BY THE EXPIRATION DATE. ANY QUESTIONS PERTAINING TO REGISTRATION RENEWALS SHOULD BE DIRECTED TO THE BUILDING DIVISION, (513) 867-5318.



CITY OF FAIRFIELD, OHIO
BUILDING & ZONING DIVISION
5350 Pleasant Avenue
Fairfield, Ohio 45014
(513) 867-5318

CONTRACTOR REGISTRATION

ALL APPLICANTS MUST MEET AND COMPLY WITH THE REQUIREMENTS LISTED ON PAGE 1.

- 1.) ARE YOU REGISTERING AS AN ELECTRICAL CONTRACTOR? [] YES [] NO OH LIC# _____
- 2.) ARE YOU REGISTERING AS A HVAC CONTRACTOR? [] YES [] NO OH LIC# _____

INFORMATION

[PLEASE PRINT]

APPLICANT'S NAME: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____ EMAIL: _____

_____ PHONE No. (____) _____

HOME ADDRESS: _____ PHONE No. (____) _____

EMAIL ADDRESS: _____ (REQUIRED)

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP PERMITS IN MY NAME:

NOTE: Any correction memos that are issued by the City of Fairfield can ONLY be signed by the Registered Ohio Licensed Contractor. A MAXIMUM of six authorized agents will be allowed per contractor.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

(Form will be returned if received without signature)