



3760 Darrow Road, Stow, OH 44224
PH: 330-689-2729 FAX: 330-689-2739

CITY OF STOW – CONTRACTOR REGISTRATION

PLEASE COMPLETE ALL BLANKS. NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Valid for Year : _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (____) _____ CELL PHONE: (____) _____

FEDERAL I.D. OR SOCIAL SECURITY # _____ E-mail: _____

CONTRACTOR TYPE – (PLEASE CHECK APPLICABLE BOXES) – PLEASE NOTE: FEE IS PER REGISTRATION CHECKED

<input type="checkbox"/> \$100–INITIAL REGISTRATION FEE	<input type="checkbox"/> \$75–ANNUAL REGISTRATION FEE
Received after 3/31	Received before 3/31
<input type="checkbox"/> BUILDING REGISTRATION	<input type="checkbox"/> ELECTRICAL REGISTRATION*
<input type="checkbox"/> EXCAVATION	

<input type="checkbox"/> \$150–INITIAL REGISTRATION FEE	<input type="checkbox"/> \$100–ANNUAL REGISTRATION FEE
Received after 3/31	Received before 3/31
<input type="checkbox"/> HVAC REGISTRATION*	<input type="checkbox"/> PLUMBING*

FOR ELECTRIC, HEATING AND PLUMBING REGISTRATIONS, YOU MUST SEND A VALID STATE LICENSE WITH THIS FORM

DO YOU WANT TO BE LISTED AS A REGISTERED CONTRACTOR ON THE CITY’S WEB SITE? ___ YES ___ NO. 24 HR. SERVICE? _____. HOURS OF OPERATION: _____ IF BUILDING CONTRACTOR, AREA OF EXPERTISE (ie roofing, siding, general contractor): _____

AUTHORIZED AGENTS (Those to whom you designate the authority to sign for permits under this registration)

1. _____
2. _____
3. _____

I hereby certify that my work, undertaken pursuant to the issued registration, shall be of workmanlike quality and in accordance with all applicable and governing codes of the City of Stow in effect at the time of the issuance of my registration and of thereafter adopted.

SIGNED _____ DATE _____
Applicant/Registered Building Contractor

Please Print Name _____