

Instructions

Current copies of the following items must be turned in to the City of Springfield's Community Development Department, Division of Building Regulations office prior to the issuance of a contractor registration certificate:

1. Completed Application
2. Income Tax Business Questionnaire Form
 - Subcontractor Listing Form
3. Ohio Worker's Compensation Certificate
 - Required regardless of number of employees
 - May submit proof of private compensation coverage
4. Liability Insurance Coverage
 - Comprehensive general liability insurance, with a minimum limit of liability of \$300,000 each occurrence combined single limit for bodily injury and property damage liability. Contractors performing demolition work must provide collapse hazard coverage ("c" exclusion deleted) and must also provide explosion hazard coverage ("x" exclusion deleted) if explosive materials are to be used. Contractors performing excavation work must provide both collapse and underground hazard coverage ("c" and "u" exclusions deleted).
5. \$10,000.00 License and Permit Bond required unless covered under the general contractor bond and only on that job.
 - Bond is to be made payable to the City of Springfield, Ohio. Bond is to be on forms provided by the insurance/bonding company and state the name, bond number and time period of coverage. Please no continuous bond forms.
6. Current Photo of Applicant
 - A copy of the applicant's driver's license is acceptable.
7. Federal Identification
 - Social Security Number (for individuals)
 - Federal ID Number (for corporations)
8. Police Record Release unless the contractor is State of Ohio licensed.
9. Current State Contractor Qualification Certificate/License
 - (Electrical, HVAC, Fire Detection/Suppression, and/or Gas Piping Installation).

In order to do work within the City you must obtain a Contractor's License or Registration.

Everything can be applied for and uploaded thru [Cityworks Springfield Portal](#).
Once your application is processed, we will send you the information to pay.

Work Categories:

- General
- Electrical
- HVAC
- Fire Detection/Suppression
- Gas Piping Installation

Note: No Electrical, HVAC or Fire Detection/Suppression contractor license registration shall be issued to any applicant until the applicant submits proof of a license/certificate issued by the Ohio Construction Industry Examining Board (OCIEB) or a current State certificate. (Call (614) 644-3493 for information on state examinations.)

****Contractor License Renewals:** Every contractor license issued or renewed expires on December 31 of the year issued or last renewed. Contractors may apply to renew their license for the next year, between November 15 - December 31 for a \$200.00 renewal fee. After this time period, a fee of \$300.00 is required to renew a contractor license.

CITY OF SPRINGFIELD, OHIO
COMMUNITY DEVELOPMENT DEPARTMENT- BUILDING REGULATIONS
76 E. High Street, Springfield, Ohio 45502 - Phone: 937-324-7389

APPLICATION FOR REGISTRATION FOR THE YEAR _____

NEW RENEWAL OF _____ REINSTATEMENT OF _____ ADDITION TO _____

TYPE: General Electrical HVAC Fire Detection/Suppression Gas Piping

Company Name: _____

Company Address: _____

City _____ State _____ Zip _____

Company Phone#: _____

Name of Representative: _____

Company Federal ID#: _____ Representative email: _____

CERTIFICATE OF UNDERSTANDING

I hereby certify that I am familiar with the appropriate codes and standards, which regulate my particular trade. I further certify that the work that I perform will be accomplished in accordance with the Ohio Building Code (OBC), the Ohio Residential 1-2-3 Family Dwelling Code, the National Electrical Code, the Ohio Mechanical Code, BOCA National Fire Code, the provisions of the Codified Ordinances of the City of Springfield, Ohio, and all other regulations as adopted by the City Commission of Springfield, Ohio.

I acknowledge that any work that I accomplish, which fails to meet prescribed standards, must be re-accomplished and corrected to meet the appropriate standards.

DATE: _____ SIGNATURE: _____

FEES: \$300.00 per category for initial registration or for reinstatement of an expired registration
\$200.00 per category for renewal of a current registration
All registrations expire on December 31 of the year for which it was issued.

Once your application is processed, we will send you the information to pay.

**NO REGISTRATION OR PERMITS WILL BE ISSUED UNLESS CURRENT COPIES OF THE
INSURANCE, BOND, WORKER'S COMPENSATION AND STATE CERTIFICATES/
LICENSES ARE ON FILE AT THE INSPECTIONS DIVISION OFFICE.**



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

| | |
|---|--|
| Name: _____ | Federal ID #: _____ |
| Address: _____ | SSN : _____ <small>(required if sole proprietor)</small> |
| City/State/Zip: _____ | |
| 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 ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No
If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous 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.

Print Name _____ Title _____ Phone Number _____

Signature _____ Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

| | | |
|---|--------------------------|----------------------|
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | | \$ |
| | Contact Name | Contract Amount |
| | Phone Number | Estimated Start Date |
| | EIN or Social Security # | Trade |
| *If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above. | | |

City of Springfield
Division of Taxation
P.O. Box 5200
Springfield, Ohio 45502
Phone: (937) 324-7357

BUSINESS-INCOME TAX QUESTIONNAIRE SUBCONTRACTOR LIST

(All general and subcontractors must be licensed in the City of Springfield)

Date: _____ Site Address: _____

General

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Excavator

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Electrical

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Gas Piping

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

HVAC

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Sewer

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Framing

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Concrete

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Waterproofing

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Roofing

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Drywall

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Brick Work

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

Insulation

| Name | Email Address | Phone |
|------|---------------|-------|
|------|---------------|-------|

*****If there are multiple listings for each category, please list them on a separate sheet*****

Springfield Police Department Records Section

130 North Fountain Avenue, Springfield, Ohio, 45502

(937) 324-7611

Request for Public Information

- Motor Vehicle Accident Report Police Incident Report
 Local Police Records Check Photographs
 Other: (Describe in Detail) Return to City of Springfield Planning & Development
Dept. RE: Contractor Registration _____

I, _____ residing at
Complete Name - Please Print

_____ request
Complete Address - Please Print

public information as indicated upon this form. I understand the ability to produce the public information requested may depend upon the information provided by me. I also understand the information I have provided and the time and manner of my request may affect the time and the costs involved in providing the information.

Signature

_____/_____/_____
Date

Information needed to accurately complete a person's local police record check:

Name (first, middle, last): _____

Age: _____. Date of Birth: ____/____/____. Social Security Number: _____.

Maiden or Other Names Used: _____.

Fees Must Be Paid In Advance

The first local police record check, or like request received from any person, business, or association each regular business day of the City is free. The second and all additional requests received for any such items each regular business day is 10 cents per 'black and white' single-sided page.

Digital photographs: 10 cents per image/page. Photographic prints or 'contact' sheets are 35 cents per print/sheet.

Fingerprint cards: for any personal use are \$5.00 for the first card and \$2.00 for each additional card produced at the same time.

Passport or visa letters: \$5.00 each (per person).

Any requests for copies of any public information not included in this list of fees will generally be 10 cents per page or the City cost of the transmittal medium. Commercial interests requests for elements of public information are handled in accordance with law and policy. If you need more information, please ask before you submit your request.

Mail Requests: require a stamped (we recommend double the normal postage), self-addressed full sized business envelope and any required fees before we will initiate any response to the request.

Make Checks Payable to : The City of Springfield, Ohio