CITY OF NORTON
ZONING DEPARTMENT
4060 COLUMBIA WOODS DRIVE, NORTON, OH 44203
PHONE: (330) 825-7815 Fax: (330) 825-3104

APPLICATION FOR CONTRACTOR REGISTRATION

SECTION (1428.04) CODIFIED ORDINANCE

TYPE OF REGISTRATION: GENERAL: _____ PLUMBING: _____

ELECTRICAL: _____ HEATING: _____

BUSINESS NAME: _____
(PLEASE PRINT)

CONTACT PERSON: _____
(PLEASE PRINT)

BUSINESS PHYSICAL MAILING ADDRESS:

_____

STREET: (PO BOX #) CITY: COUNTY: ZIP CODE:

_____ _____ _____

TELEPHONE BUSINESS: CELL PHONE:

APPLICANT'S POSITION IN BUSINESS: OWNER _____ SUPERVISORY_____

At the time of submitting completed Application, the applicant must also provide the following:

1. **Current Copy of your Insurance, showing City of Norton as Certificate Holder and policy effective dates (Five Hundred Thousand $500,000.00 per occurrence required).**
2. **NOTE: If you are filing for plumbing, electric or heating, you will need to send a copy of the State License.**

* PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE * FOR CONTRACTOR PERMIT RETURN

FIRST YEAR REGISTRATION:
A check in the sum of One Hundred Dollars ($100.00) - Payable to: City of Norton.

RENEWAL REGISTRATION:
A check in the sum of Fifty Dollars ($50.00) - Payable to: City of Norton.
Due and payable by midnight on December 31st of each year.

_____ _____

Signature of Applicant Date