

Building & Zoning Department – Village of Chagrin Falls

21 West Washington Street, Chagrin Falls, OH 44022 – PH 440-247-5050 – FAX 440-247-2082

CONTACT: ADMINISTRATIVE ASSISTANT – KATIE KNAUFF – KATIE.KNAUFF@CHAGRIN-FALLS.ORG

Contractor Registration

Contractor Information

Contractor Name:

Phone#:

Mailing Address:

City:

State:

Zip Code:

Email:

Address of Job Site:

REQUIREMENTS FOR REGISTRATION



- **\$30,000 BOND MUST BE ON THE ORIGINAL VILLAGE OF CHAGRIN FALLS BOND FORM – BOND FORM AVAILABLE AT WWW.CHAGRIN-FALLS.ORG**
 - MUST BE ORIGINAL – NO COPIES OR FAXES ACCEPTED
 - DON'T FORGET TO SIGN THE BOND BEFORE SUBMITTING
 - UNSIGNED/INCOMPLETE BONDS MAY CAUSE ALL TO BE RETURNED



- **CERTIFICATE OF INSURANCE \$500,000 TO \$1,000,000**
 - MUST NAME VILLAGE OF CHAGRIN FALLS AS ADDITIONALLY INSURED



- **COPY OF CURRENT WORKERS COMP CERTIFICATE**
 - IF APPLICABLE



- **COPY OF CURRENT STATE CERTIFICATION**
 - i.e. Electrical, Plumbing, HVAC – IF APPLICABLE



- **CHECK FOR REGISTRATION FEE**
 - MAKE CHECKS PAYABLE TO: VILLAGE OF CHAGRIN FALLS
 - **\$120 FEE FOR NEW REGISTRATIONS**
 - **\$60 FEE FOR RENEWALS** – BEFORE JAN 31ST OF REGISTRATION YEAR
 - REGISTRATIONS ARE VALID FOR 1 CALENDAR YEAR.

ADDITIONAL INFORMATION

- IF YOU REQUIRE A COPY OF YOUR REGISTRATION PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE (SASE).
- INCOMPLETE REGISTRATIONS MAY RESULT IN THE ENTIRE PACKET BEING MAILED BACK TO CONTRACTOR. PLEASE DOUBLE CHECK WHAT YOU ARE SUBMITTING TO PREVENT DELAYS.

