

City of Dublin

Building Standards • 5800 Shier-Rings Road • Dublin, Ohio 43016

Phone: (614) 410-4670 • Inspection Line: (614) 410-4680

APPLICATION FOR CONTRACTOR'S REGISTRATION

City of Dublin Registration No. _____

Application Date _____

As prescribed by Chapter 150.140-150.146 of the Codified Ordinances of the City of Dublin, **all building trade contractors and subcontractors are required to obtain a Contractor's Registration prior to commencing work in the City.**

The Contractor's **Certificate of Liability Insurance** demonstrating a minimum combined bodily and property damage coverage in the amount of \$300,000.00 and **showing the City of Dublin as a Certificate Holder shall be submitted with this application** and maintained in full force and effect. A copy of any policy changes, including renewal, shall be forwarded to the Building Division throughout the term of the Registration.

A copy of the current qualification certificate (which has been issued pursuant to Chapter 4740 of the Ohio Revised Code by the Ohio Construction Industry Licensing Board to the contractor or an employee of the contractor) **shall be submitted with this application if such a certificate is required to perform work in said trade** (i.e. Electrical, Plumbing, HVAC, Fire Protection, etc.)

Please Note: The Certificate of Liability Insurance and any qualification certificates must be kept current for the registration to remain valid.

Contact Name: _____

Business Name: _____

Business Address: _____

City/State/Zip: _____

Business Phone: _____

Fax: _____

Emergency Phone: _____

Type of Contractor: _____

Residential

Commercial

Both

Your Contractor Registration must remain active until the time that any projects in which you have participated receive an Occupancy Certificate.

**FEE SCHEDULE
ALL CONTRACTORS: \$65.00**

All registrations expire December 31, of the year issued and must be renewed if projects continue into the new year. The undersigned agrees to comply with all applicable building codes and the Codified Ordinances of the City of Dublin.

Applicant (please print): _____

Signature: _____

INSURANCE MAY BE FAXED TO (614) 761-6566