



Community Development Contractor Registration Application

Company Information	Company Name _____ Address _____ City, State, Zip _____ Email _____ Phone # _____ Fax # _____ Cell Phone # _____ Tax ID# _____
Required Enclosures	<p>Submit the following information:</p> <ul style="list-style-type: none"> • Complete Application • Copy of Liability Insurance • Copy of current qualification certificate or state license (if applicable) • Application Fee \$50.00 / each registration type • Please make checks payable to: The City of New Albany \$ _____
Signature	<p> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> General <input type="checkbox"/> Remodeler <input type="checkbox"/> Framer <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Electric <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Other (miscellaneous structural projects) </p> <p> State License Holder <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Holder _____ License # _____ </p> <p> • I understand that work shall not to be started without an approval permit. • I understand that the contractor registration expires each December 31st and it is the responsibility of the contractor to renew the registration in a timely manner. • This registration is revocable or may be suspended if the terms or conditions under which it is granted are violated. It is the responsibility of the contractor to ensure that the liability insurance and state license information is updated with New Albany to prevent any delays in processing permits or inspections. </p> <p> Applicant Signature _____ Date _____ </p>

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