

LAKE COUNTY BUILDING DEPARTMENT

27 Woodland Road Painesville, Ohio 44077

TEL: 440-350-2636 440-918-2636 FAX 440-350-2660 www.lakecountyohio.gov/buildinginspection

2015 GENERAL CONTRACTOR'S REGISTRATION APPLICATION

REGISTRATION FEE: \$115.00

Please Make Checks payable to: **LAKE COUNTY TREASURER & IF MAILING IN, please
enclose a SELF-ADDRESSED, STAMPED ENVELOPE**

Date: _____

Name of Applicant: _____
NAME OF APPLICANT MUST BE COMPLETED

Home Address: _____

City: _____

State: _____ Zip Code _____

Home Telephone Number: _____

Cell Phone Number: _____

Email: _____

COMPANY REPRESENTING:

Business Address: _____

City: _____

State: _____ Zip Code _____

Business Telephone Number: _____

Business Fax Number: _____

Cell Phone Number: _____

Email: _____

Please list **names of any additional personnel authorized to obtain permits and schedule inspections** for the above company. If more space is needed, please note that an additional page is attached.

GENERAL CONTRACTORS ARE RESPONSIBLE FOR OBTAINING FINAL OCCUPANCY INSPECTIONS

PLEASE NOTE: This form must be notarized.

I subscribe that, if registered, I will abide by the provisions set forth in the code of building regulations for the unincorporated areas of Lake County and the areas where the Lake County Building Department has jurisdiction. I will obtain all necessary permits and required inspections including final inspections. I will maintain a set of approved construction documents on site, and I will comply with all approved construction documents, codes, and standards. This certificate of registration can be revoked at the discretion of the Lake County Building Department for violations of the Building Codes or failure to obtain permits and required inspections, or other just cause, including violations of the provisions of this paragraph.

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.

APPLICANT'S SIGNATURE

(Applicant's Name) *being duly sworn deposes and says that the information provided
herein is true and sufficiently complete so as not to be misleading.*

Subscribed and sworn before me this _____ day of _____ 20 _____

SEAL

NOTARY SIGNATURE

NOTARY STAMP or PRINT NOTARY NAME _____

Expiration Date of Commission: _____ COMMISSION RECORDED IN: _____

(COUNTY)

REGISTRATIONS ARE VALID FROM JANUARY 1ST - DECEMBER 31ST OF EACH YEAR.

2015 APPLICATIONS ARE BEING ACCEPTED AS OF January 2, 2015

Revised 12/2014