

# VERMILION TOWNSHIP BUILDING DEPARTMENT

1907 STATE ROUTE 60 • VERMILION, OHIO 44089 • (440) 830-9677

TO : ALL GENERAL, SPECIALTY and SUBCONTRACTORS  
REF: 2026 REGISTRATION REQUIREMENTS [Ordinance 1444.02]

### NO BOND REQUIRED

Your registration as a contractor in the **Vermilion Township** Building Department expires December 31<sup>st</sup> each calendar year. You must register EVERY YEAR prior to beginning work! Enclosed are your registration application forms.

The following items are **required each year** by the Contractor Registration Board:

- Application for Registration:** Fill in the form COMPLETELY. Incomplete applications will not be processed! Do **NOT** send a return envelope. Registration will be **emailed**.
- If registering as Electric, HVAC, Plumbing, Hydronics, Refrigeration, or Fire Protection contractor, a copy of your current, valid **STATE LICENSE** is required.  
*NOTE: If your company registers in multiple trades, you need separate application forms and payments for each, however, the Insurance, Workers' Comp, and other Township documents can be used for all. Payments can be combined into one.*
- Certificate of Liability Insurance:** Certificate must be at least \$500,000 and list the **Vermilion Township** as certificate holder.
- Workers' Compensation Certificate:** Copy of your certificate or a notarized affidavit on the Township form stating a valid reason for exemption.
- Copy of Registration from another Municipality:** *If this is your first time registering with the Township, you must provide a copy of a current registration from another municipality.*
- Fee payment:** Credit cards, checks (made out to Vermilion Township) are accepted. No Cash

<u>TYPE</u>	<u>FEE</u>	<u>DISCOUNT*</u>	<u>*RENEWALS</u> between November 15, 2025 - January 15, 2026 will receive the discount
General	\$150	\$125*	
Subs & Specialty	\$100	\$75*	

*Overpayments refunded only upon receipt of written request*

**COV 1444.02 - Failure to comply with this requirement prior to commencing any work in Vermilion Township shall result in a registration fee of \$500.00.**

PLEASE DIRECT ALL CORRESPONDENCE AND INQUIRIES TO:

**Building Department  
VERMILION TOWNSHIP**

Phone: 440-830-9677

Email: zoning@vermiliontownship.com

# VERMILION TOWNSHIP BUILDING DEPARTMENT

1907 STATE ROUTE 60 • VERMILION, OHIO 44089 • (440) 830-9677

## CONTRACTOR REGISTRATION BOARD OF EXAMINERS

REGISTRATION TYPES	EXAM
* NOTE: When proof of registration elsewhere in Carpentry/Framing/Handyman trade CANNOT be provided, Contractor must pass (min. 70%) GENERAL CONTRACTOR exam before Registration will be approved by the Board	
DEMOLITION	Y
EXCAVATING/TRENCHING	Y
MASONRY	Y
PAINTER/INTERIOR DECORATOR	Y
PAVING (Asphalt)	Y
POURED CONCRETE (flatwork, foundation)	Y
ROOFING	Y
GENERAL CONTRACTOR	Y*
Miscellaneous Subcontractor: CARPENTRY*/FRAMING*/HANDYMAN*	*
Miscellaneous Subcontractor: CANVAS AWNING INSTALLER	-
Miscellaneous Subcontractor: DRYWALL/PLASTER	-
Miscellaneous Subcontractor: FENCE	-
Miscellaneous Subcontractor: GARAGE DOOR INSTALLER	-
Miscellaneous Subcontractor: GLAZIER (WINDOW) INSTALLER	-
Miscellaneous Subcontractor: INSULATION INSTALLER	-
Miscellaneous Subcontractor: KITCHEN & BATH CABINET INSTALLER	-
Miscellaneous Subcontractor: LANDSCAPING	-
Miscellaneous Subcontractor: LAWN SPRINKLER INSTALLER	-
Miscellaneous Subcontractor: OUTDOOR SIGN / BILLBOARD ERECTOR	-
Miscellaneous Subcontractor: SECURITY SYSTEM INSTALLATION	-
Miscellaneous Subcontractor: SIDING	-
Miscellaneous Subcontractor: STRUCTURAL STEEL	-
Miscellaneous Subcontractor: SWIMMING POOL INSTALLER	-
Miscellaneous Subcontractor: WELDING	-
ELECTRICAL - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
FIRE PROTECTION - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
HVAC - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
PLUMBING/PIPE FITTING (Hydronics) - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
REFRIGERATION - Residential, Commercial & Industrial	STATE LICENSE REQUIRED

**GENERAL INFORMATION REGARDING EXAMINATIONS:**

**CODE BOOKS/REFERENCE MATERIALS ARE THE CONTRACTOR'S OWN RESPONSIBILITY. RECOMMENDED STUDY GUIDES INCLUDE CURRENT EDITIONS OF:**

◊ RESIDENTIAL CODE OF OHIO ◊ CODIFIED ORDINANCE OF VERMILION TOWNSHIP, CHAPTER 12 & 14 ◊ OHIO BUILDING CODE

◊ EXAMINATION REQUIRED WHEN A CURRENT REGISTRATION FROM ANOTHER COMMUNITY CANNOT BE PROVIDED.

- NO TEST AVAILABLE FOR CATEGORY, THEREFORE, AT BOARD'S DISCRETION, ISSUANCE OF REGISTRATION MAY BE APPROVED SUBJECT TO INSPECTION(S) OF INITIAL AND/OR SUBSEQUENT JOB(S) TO THE SATISFACTION OF TOWNSHIP OFFICIAL (BUILDING INSPECTOR).

(COV1444.05) Updated 2026

# VERMILION TOWNSHIP BUILDING DEPARTMENT

1907 STATE ROUTE 60 • VERMILION, OHIO 44089 • (440) 830-9677

## APPLICATION FOR CONTRACTOR'S REGISTRATION

VERMILION TOWNSHIP --- BUILDING DEPARTMENT

1907 STATE ROUTE 60, VERMILION, OHIO 44089

PHONE: 440-830-9677

REGISTRATION EXPIRES DECEMBER 31 OF EACH YEAR

TYPE OF REGISTRATION: \_\_\_\_\_

COMPANY OWNER'S NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET CITY ZIP

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

YEARS EXPERIENCE IN TRADE: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

\_\_\_\_\_

DO YOU HOLD REGISTRATION(S) IN OTHER MUNICIPALITIES? Y N

*IF YES, PLEASE ATTACH COPIES.*

DO YOU HOLD A STATE LICENSE? Y N

*IF YES, PLEASE ATTACH COPIES.*

PROJECT STATUS: NOT STARTED \_\_\_\_\_ IN PROGRESS \_\_\_\_\_ COMPLETED \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY	
EXAM FEE: \$25.00 _____ CHECK# _____	REGISTRATION: NEW _____ RENEWAL _____
EXAM RESULTS: PASSING SCORE: _____ % FAILED: _____	REGISTRATION FEE: \$ _____
APPROVED BY: _____	CC CHECK #: _____
_____	CLERK INITIALS: _____
APPLICATION _____	STATE LICENSE # _____ EXPIRES _____
CERTIFICATE OF INSURANCE _____	
WORKER'S COMPENSATION _____	
RITA FORM _____	
OTHER TOWNSHIP REGISTRATION _____	

Any Contractor who cannot provide a current valid WORKERS COMP CERTIFICATE from the State of Ohio, MUST COMPLETE(Notarized) & RETURN THIS FORM TO THE BUILDING DEPARTMENT!

**WORKERS' COMPENSATION AFFIDAVIT**

I, \_\_\_\_\_, whose tax mailing address is  
(Print Contractor Name)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

and doing business as \_\_\_\_\_ located at  
(Print Business Name)

\_\_\_\_\_, am not required to hold  
(Print Business Address, if different from above)

a Certificate of Workers Compensation Insurance because \_\_\_\_\_

\_\_\_\_\_  
(Identify Valid Reason for Exemption)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

In the State of Ohio )  
) SS:

In the County of \_\_\_\_\_ )

Before me, a Notary Public in and for said County and State, personally appeared

\_\_\_\_\_, known to me  
to be doing business as \_\_\_\_\_, and  
acknowledged that he/she did sign the foregoing instrument on behalf of said business, duly  
authorized, and that the same is his/her free act and deed and the free act and deed of said business.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, at \_\_\_\_\_,  
Ohio this \_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_.

**NOTARY PUBLIC**

THIS NOTARIZED DOCUMENT MUST BE RETURNED ALONG WITH CONTRACTOR REGISTRATION DOCUMENTATION TO:  
VERMILION TOWNSHIP BUILDING DEPARTMENT, 1907 STATE ROUTE 60, VERMILION, OH 44089. 440-830-9677