



# Village of LaGrange

355 S. Center Street  
LaGrange, OH 44050  
440-355-5555  
FAX: 440-355-5250  
lagov4@windstream.net

## NEW CONTRACTOR/BUILDER REGISTRATION

*Expiration date: December 31<sup>st</sup>. Must be renewed yearly.*

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Federal Id. # or Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Business/ Services: \_\_\_\_\_

Please attach proof of:

Liability Insurance (\$1,000,000)

Permit Bond (\$10,000)

Workers Compensation Certificate

Trade License (Plumbing, Electrical, of HVAC Contractor).

I am self-employed and do not participate in the Worker's Comp. Program. Initials: \_\_\_\_\_

I hereby agree to conditions of this Registration and to comply with all Ordinances of the Village of LaGrange and the laws of the State of Ohio, relating to work to be done there under, and said agreement is a condition of registration.

Signature of Builder/Contractor: \_\_\_\_\_

Date Signed: \_\_\_\_\_

You are required to notify any of your sub-contractors of the need to file with the Zoning Office.

**Fee: \$ 50.00**

Check made payable to Village of LaGrange.