



Village of LaGrange

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

NEW CONTRACTOR/BUILDER REGISTRATION

Expiration date: December 31st. 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 (\$100,000/300,000) Permit Bond (\$10,000)

Workers Compensation Certificate Trade License (Plumbing, Electrical, of HVAC Contractor).

Self addressed stamped envelope

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.

