



BUILDING DIVISION
 200 S. Hamilton Road
 Gahanna, Ohio 43230
 Phone: 614-342-4010
 Fax: 614-342-4117
 building@gahanna.gov
 www.gahanna.gov

INTERNAL	CONTRACTOR REGISTRATION NO. _____
	RECD. BY _____ DATE: _____

CONTRACTOR ANNUAL REGISTRATION

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL			
REGISTRATION YEAR:	TYPE OF REGISTRATION: <input type="checkbox"/> General Contractor <input type="checkbox"/> Gas Piping <input type="checkbox"/> Electrical <input type="checkbox"/> Fence Erector <input type="checkbox"/> Remodeling <input type="checkbox"/> Plumbing <input type="checkbox"/> Sign Erector <input type="checkbox"/> HVAC		
CONTRACTOR Name:			
Contractor Address:			
Contractor E-mail:	Contractor Phone No.:		
BUSINESS Name:			
Business Address:			
Business E-mail:	Business Phone No.:		
OHIO OR OTHER MUNICIPAL LICENSE OR REGISTRATION INFORMATION (Include a copy of all licenses)			
MUNICIPALITY/OHIO	TYPE OF LICENSE/REGISTRATION	LICENSE NO.	EXPIRATION DATE
LIABILITY INSURANCE Company:		Expiration Date:	
Policy No.:		Amount:	
<input checked="" type="checkbox"/> LIABILITY INSURANCE SUBMITTED – a Certificate of Insurance showing current liability in the amount of \$100,000/\$300,000, with a listed expiration date and the City of Gahanna a “Certificate Holder”.			
REGISTRATION FEE <i>reference: Building & Zoning Fee Schedule</i>			
\$ 100	TOTAL FEES - <i>payment due at time registration is submitted</i> <i>reference: Building & Zoning Fee Schedule</i>		INTERNAL USE: PAID <input type="checkbox"/> PAYMENT: _____ RECD. BY/DATE: _____

CERTIFICATION

I certify that that the information on this registration is complete and accurate to the best of my knowledge, and agree to conform to and abide by all the rules and regulations of the City of Gahanna Building Code and Chapter 1311 of the Codified Ordinances of the City of Gahanna.

Name: _____ Title: _____

Signature: _____ Date: _____

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: [HTTPS://OHGA.ONLAMA.COM](https://OHGA.ONLAMA.COM)