



**BUILDING DIVISION**  
 200 S. Hamilton Road  
 Gahanna, Ohio 43230  
 Phone: 614-342-4010  
 Fax: 614-342-4100  
 Building@Gahanna.gov  
 www.gahanna.gov

INTERNAL
Certificate No. _____
Received _____

## CONTRACTOR ANNUAL REGISTRATION

<input type="checkbox"/> NEW <span style="margin-left: 150px;"><input type="checkbox"/> RENEWAL</span>			
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		
<b>CONTRACTOR</b> Name:			
Contractor Address:			
Contractor E-mail:	Contractor Phone No.:		
<b>BUSINESS</b> Name:			
Business Address			
Business E-mail:	Business Phone No.:		
<b>STATE OF OHIO LICENSE OR REGISTRATION INFORMATION (Include a copy of all licenses)</b>			
OHIO/OTHER	TYPE OF LICENSE/REGISTRATION	LICENSE NO.	EXPIRATION DATE
<b>LIABILITY INSURANCE</b> 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 as a “Certificate Holder.”			
<b>REGISTRATION FEE</b> <small>reference: <a href="#">Building &amp; Zoning Fee Schedule</a></small>			
<b>\$ 100</b>	<b>TOTAL FEES</b> - payment due at time registration is submitted <small>reference: <a href="#">Building &amp; Zoning Fee Schedule</a></small>		<b>INTERNAL USE:</b> 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)**