



Seneca County Building Department
92 E. Perry Street Suite 1103
Tiffin, OH 44883
419-447-8022
senecacountybuildingdept@safebuilt.com

CONTRACTOR REGISTRATION

Contractors shall be registered when performing work in Seneca County, even if a permit is not required. This shall include utility contractors. (This requirement does not pertain to those utilities exempt by the PUCO regulations including but not limited to AEP, Dominion Gas, ATT, etc.) Contractors working on behalf of the utilities are not exempt from registration and thus are required to register and are responsible for acquiring their own permits.

All electrical, plumbing, HVAC, refrigeration, hydronics, and fire protection system contractors shall have a current State license.

All registrations expire on December 31st of each year.

Contractor Registration/Renewal Requirements:

1. Registration Fee - \$150.00 (Credit Card, Check, or exact Cash)
2. Each additional registration - \$100.00 each
3. Certificate of Liability Insurance with a minimum in the amount \$1,000,000.00
4. Copy of Workers Compensation Certificate or Sole Proprietor Waiver
5. Copy of current State of Ohio License Certificate (when applicable)

Applications can be emailed to senecacountybuildingdept@safebuilt.com or dropped off/mailed to:

Seneca County Building Department
92 E. Perry Street Suite 1103
Tiffin, OH 44883

NOTE: If an application is sent by mail, please provide a self-addressed stamped envelope if you would like your receipt and registration mailed back to you. If you would like your receipt and registration sent electronically, please provide a note with the email address you would like it sent to. You may also pick up your receipt and registration in person at the aforementioned address.



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CONTRACTOR REGISTRATION APPLICATION

Registration Type: _____ New Renewal

Corporation/Business Name: _____

Primary Contact/Applicant: _____

Owner:

Address:

Mailing Address: (if different)

Phone: _____ Email: _____

Application Checklist:

- \$150 Registration Fee (\$100 each additional)
- Certificate of Liability Insurance with a minimum in the amount \$1,000,000.00
- Workers Compensation Certificate or Sole Proprietor Waiver
- Copy of current State License (when applicable)

Applicant's Signature _____ Date _____

Office Use Only:

Registration Number: _____ Registration Year: _____

Date Processed: _____