



Founded 1875

# Village of LaGrange

355 South Center Street  
LaGrange, Ohio 44050

Zoning Clerk: Ron Harmon  
(440) 355-5555 Fax (440) 355-5250

## CONTRACTOR/BUILDER REGISTRATION

**Expiration date: December 31**

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, Permit Bond, Workers Compensation Certificate and Trade License (if Plumbing, Electrical, or HVAC Contractor).

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 thereunder, 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 Date Paid: \_\_\_\_\_ Check # : \_\_\_\_\_

Notes: \_\_\_\_\_

ORDINANCE 99-1008

OTHER INFORMATION REQUIRED: CONTACT THE ZONING CLERK FOR DETAILS