

Contractor Registration Application:

All contractors/subcontractors must submit an application for contractor registration. All registrations run from January 1<sup>st</sup> to December 31<sup>st</sup> each year.

Initial Application: \$60.00

Annual Renewal: \$40.00 (if registered the previous year)

With an additional fee of:

Sewer Builder License: \$25.00

Sewer Hook-up

It is required that the inspector be given personal notice **at least 24 hours** in advance of the time of inspection and the hook-up must be visible to that the inspector can be certain that all provisions of Ordinance 1-12.25 are provided for.

This has been requested by the Board of Public Affairs.

The following must be returned with the application for approval: Certificate of Liability (\$1,000,000.00) listing the Village of Hartville as the Certificate Holder, along with the Surety Bond (\$10,000.00).

All paperwork will be submitted to the: Village of Hartville  
202 W. Maple Street  
Hartville, Ohio 44632

Please note that the Village Office hours are Monday, Tuesday, Wednesday, and Fridays 8 a.m. to 5:00 p.m. with the exceptions of Thursday, the office is opened from 8 a.m. to Noon.

**APPLICATION FOR LICENSE AS A SEWER BUILDER  
HARTVILLE, OH**

Date: \_\_\_\_\_, 20 \_\_\_\_

To the Village Mayor:

I, the undersigned, hereby make application for a license as a Sewer Builder in the Village of Hartville, Ohio, to do the work of making connections with public sewers, drains and laterals therein, and constructing special sanitary sewers. I represent that I have had \_\_\_\_\_ years of experience in the above work and that I believe myself to be qualified in every way to be licensed to do the work aforesaid.

I agree, in the event I receive such license, to file a bond in the sum of Ten Thousand Dollars (\$10,000.00) to the approval of the Mayor, conditioned as provided in Ordinances currently effective, pertinent to sewers of the Village of Hartville, Ohio.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Phone

References for experience, qualifications and ability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VILLAGE OF HARTVILLE  
202 W. MAPLE STREET, P.O. BOX 760  
HARTVILLE, OH 44632  
330-877-9222 FAX 330-877-9778  
www.hartvilleoh.com

**CONTRACTOR REGISTRATION APPLICATION**

Date \_\_\_\_\_

New Registration (\$60.00)       Renewal (\$40.00 - if registered the previous year)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

FED ID or SSN \_\_\_\_\_

**TYPE OF REGISTRATION:**

**General** - Please circle (Excavation, Foundation, Masonry, Insulation, Roofing, Drywall, Siding, Landscaping, Painting, Carpentry, Other \_\_\_\_\_)       **HVAC**       **Electrical**       **Sewer**

**Address of Project location:**

\_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company & Agent \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Phone \_\_\_\_\_

Expiration Date of Policy \_\_\_\_\_

**Note: A current copy of Liability Insurance (\$1,000,000) naming the Village of Hartville additional insured, Surety Bond (\$10,000), and State License, (if applicable), must be submitted and kept on file in the Building Department of the Village of Hartville, or registration is void. (This is the responsibility of the Contractor.)**

Do you have subcontractors?  Yes       No      (If yes, each subcontractor must complete a Contractor Registration Form.)

Will your company be withholding local income tax from all employees on the job?  Yes       No

(All Businesses are required to submit copies of IRS Forms 1099-MISC to Hartville Income Tax Department within 3 ½ months after the end of the tax year.)

Please list your subcontractor information on the following page.

**Village of Hartville Income Tax Department**  
**202 W Maple St    PO Box 760    Hartville OH 44632**  
**Phone: 330-877-9222    Fax: 330-877-9778**

**CONTRACTOR LISTING**

<b>TYPE</b>	<b>SUBCONTRACTOR</b>	<b>FULL ADDRESS</b>	<b>PHONE #</b>
<b>EXCAVATION</b>			
<b>FOUNDATION</b>			
<b>MASONRY</b>			
<b>STRUCTURAL CARPENTRY</b>			
<b>ELECTRICAL</b>			
<b>PLUMBING</b>			
<b>HVAC</b>			
<b>INSULATION</b>			
<b>ROOFING</b>			
<b>DRYWALL</b>			
<b>FINISHING CARPENTRY</b>			
<b>SIDING</b>			
<b>LANDSCAPING</b>			
<b>PAINTING</b>			
<b>OTHER</b>			

**Village of Hartville**  
202 W Maple St  
PO Box 760 Hartville, OH 44632  
Phone 330-877-9222 Fax 330-877-9778  
[tcooper@hartvilleoh.com](mailto:tcooper@hartvilleoh.com)

**INCOME TAX DEPARTMENT  
CONTRACTOR & SUBCONTRACTOR TAX INFORMATION**

**ANNUAL TAX RETURN FILING**

The Village of Hartville has a **mandatory** Income Tax filing for a business entity, whether resident or non-resident who conducts business in the Village of Hartville. An annual return must be filed and tax paid on the net profit. If you have a net loss you are still required to file a return.

The tax rate for Hartville is 1%. The yearly filing or request for an extension deadline is April 15<sup>th</sup>. Failure to file or request an extension on or before the April 15<sup>th</sup> due date will result in a \$25.00 late filing penalty.

Tax forms can be obtained on our Website at [www.hartvilleoh.com](http://www.hartvilleoh.com).

**EMPLOYEE WITHHOLDING**

Each employer within or doing business within the Village of Hartville shall deduct at the time of the payment of such salary, wage, commission or other compensation, the tax of one percent (1%) of the gross salaries, wages, commission or other compensation due by the said employer to said employee and shall on or before the 15th day of the month following the close of each calendar quarter make a return and pay to the Village of Hartville Tax Administrator the amount of taxes so deducted. Such employer shall be liable for the payment of the tax required to be deducted and withheld, whether or not such taxes have in fact been withheld.

**Please complete the enclosed CONTRACTORS AND SUB-CONTRACTORS BUSINESS REGISTRATION FORM and return by mail, fax or email within 10 business days.**

Your cooperation is greatly appreciated. If you have any questions, please contact the income tax department.

Tanya Cooper  
Income Tax Clerk  
[tcooper@hartvilleoh.com](mailto:tcooper@hartvilleoh.com)

The Village of Hartville is an equal opportunity provider.

**Village of Hartville**

202 W Maple St

PO Box 760

Hartville, OH 44632

Phone 330-877-9222

Fax 330-877-9778

tcooper@hartvilleoh.com

**Income Tax Department**

**Contractor and Sub-Contractor Business Registration**

To enable the Village of Hartville Income Tax Department to establish accurate records, please answer all questions by typing or print plainly and return to the Village Hall by mail, fax or email.

ACCT # (to be assigned upon receipt)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Tax ID/S.S. #: \_\_\_\_\_

Job Name & Location: \_\_\_\_\_

Date Job Started: \_\_\_\_\_ Estimated Length of Job in days: \_\_\_\_\_ (mandatory)

Please check one:  annual year-end filing forms are not necessary, use a professional tax service  
 send pre-printed annual year-end filing forms to:

\_\_\_\_\_  
\_\_\_\_\_

Please check one:  pre-printed withholding forms are not necessary, use in-house software system

use a third party Payroll Company – Name: \_\_\_\_\_

send pre-printed withholding forms to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Village of Hartville imposes an income tax at the rate of one percent (1%) on all earned income, including net profits attributable to Hartville. All employers, contractors, sub-contractors, or others who have one or more employees are required to withhold 1% of all employees' gross wages and submit this amount to the Village of Hartville.

The information hereby submitted is true and correct

Signed \_\_\_\_\_

Date \_\_\_\_\_

VILLAGE OF HARTVILLE

904.10(B)

COMMERCIAL OR INDUSTRIAL FACILITY SEWER PTI APPLICATION

The undersigned, being the \_\_\_\_\_ of the property located at \_\_\_\_\_
(Owner, Owner's Agent) (House/Lot Number)

on the \_\_\_\_\_ side of \_\_\_\_\_
(north, south, east, west) (Street Name)

does hereby request a permit to install and connect a building sewer to serve the residence at said location.

- 1. The following process and sanitary discharges will be connected to the proposed building sewer:
a. b. c. d.
2. The number of persons employed at the above facility is \_\_\_\_\_.
3. The name and address of the person or firm who will perform the proposed work is \_\_\_\_\_. Has the bonding and license required for sewer workers been secured from the Village? \_\_\_ YES \_\_\_ NO
4. Plans and Specifications for the proposed building sewer are attached hereto as Exhibit "A".
5. Industrial Wastewater Discharge Agreement as approved and in accordance with Sections 904.59 and 904.60 as attached hereto as Exhibit "B", or written notice from the Village that an Agreement is not required for the proposed discharge.
6. The Village Engineer must indicate if a grease, oil, sand, interceptor or trap is required.

In consideration of the granting of this permit to install, the undersigned agrees:

- 1. To accept and abide by all provisions of the Sewer Use and Industrial Pretreatment Code and other applicable ordinances.
2. To maintain the building sewer at no expense to the Village.
3. To notify the Village when the building sewer is ready for inspection and the connection to the public sewer is completed. The sewer conduit shall remain exposed until inspected and approved. Only approved sections shall be backfilled.

Does the applicant have existing indebtedness to the Village? \_\_\_ YES \_\_\_ NO

Date: \_\_\_\_\_ Signed: \_\_\_\_\_
(Applicant)

(Address of Applicant)

The Village of Hartville is an equal opportunity provider.

Applicant approved and permit to install issued:

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_
(BPA)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_
(Fiscal Officer)

Installation Approved:

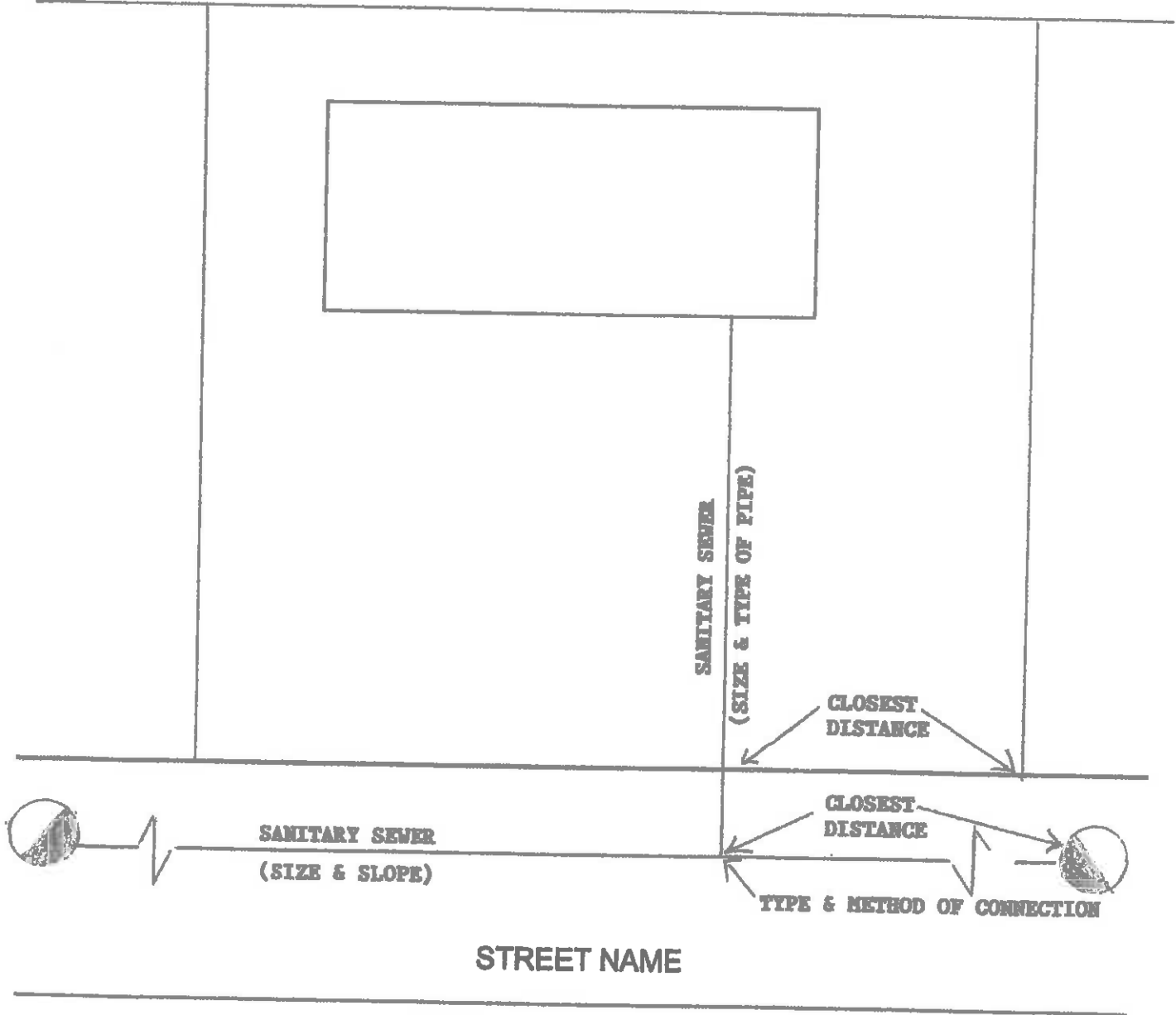
Date: \_\_\_\_\_ Signed \_\_\_\_\_
(Village Engineer)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_
(Sewer Inspector)

**EXHIBIT A  
RESIDENTIAL BUILDING SEWER P.T.I.  
(EXAMPLE)**

PROPERTY OWNER \_\_\_\_\_ LOT NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ALLOTMENT NAME \_\_\_\_\_





**VILLAGE OF HARTVILLE, OHIO  
WASTEWATER DISCHARGE DISCLOSURE DECLARATION**

Please return completed form to:

Waste Water Treatment Plant  
Attn: Tom Graber  
565 Wales Drive  
P.O. Box 760  
Hartville, OH 44632  
330-877-2861

1.   **Company Name:** \_\_\_\_\_  
      **Mailing Address:** \_\_\_\_\_  
      **Address of Premises:** \_\_\_\_\_  
      **Person to Contact:** \_\_\_\_\_  
      **Title:** \_\_\_\_\_  
      **Telephone Number:** \_\_\_\_\_
  
2.   **Application type (please check one)**  
      \_\_\_\_\_**New Building Construction**                      \_\_\_\_\_**Ownership Change**  
      \_\_\_\_\_**Building Addition**                                      \_\_\_\_\_**Location Change**
  
3.   **Standard Industrial Classification Code(s) if applicable:** \_\_\_\_\_  
      \_\_\_\_\_
  
4.   **Under normal operation conditions, what is the average number of employees at this facility?** \_\_\_\_\_
  
5.   **Description of manufacturing, business or service activity on premises:** \_\_\_\_\_  
      \_\_\_\_\_
  
6.   **Are any wastes other than sewage of human origin being discharged to the sanitary sewer system, i.e., cooling, clean-up, process waste, etc?**  
      Yes \_\_\_\_\_                      No \_\_\_\_\_
  
- A. If "yes", then describe the waste being discharged to the sanitary sewer system:** \_\_\_\_\_  
      \_\_\_\_\_

7. Type of raw materials used daily in process or manufacture of product: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is your anticipated water consumption?  
Total: \_\_\_\_\_  
Units: \_\_\_\_\_  
Period: \_\_\_\_\_

9. Describe any wastewater pretreatment equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is this industry subject to any existing Federal Pretreatment Standards (40CFR403 to 471)?  
If "yes", what category? \_\_\_\_\_  
\_\_\_\_\_

11. Is a Spill Prevention Control and Countermeasure in effect for this facility?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. Industry Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this application is familiar to me and to the best of my knowledge and belief, such information is true, complete and accurate.

\_\_\_\_\_  
Name of Signing Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member of Board of Affairs

\_\_\_\_\_  
Date