



MASSILLON BUILDING DEPARTMENT
ONE JAMES DUNCAN PLAZA, MASSILLON, OH 44646
PHONE 330.830.1724 | FAX 330.830.1782
www.massillonohio.gov

LOW VOLTAGE REGISTRATION AND WIRING PERMIT

Dear Applicant,

In answer to your inquiry, the City of Massillon requires all Low Voltage Contractors to be registered with the City of Massillon. To become registered as a Low Voltage contractor, you will need:

- To fill out the Application for Low Voltage Contractor Registration form. There is no charge to register as a Low Voltage Contractor.
- To submit a copy of your Worker's Compensation certificate, should you have employees.
- To complete the City of Massillon Income Tax Business Questionnaire form.
- You must submit your Low Voltage Contractor Registration paperwork and obtain your Low Voltage Permit prior to beginning the work.
- You are responsible to call for all of the inspections needed for the job.

Low Voltage Fees:

Commercial Application Fee:	\$100.00
Main Panel	\$10.00
Telecommunications Outlets/Drops (1-5)	\$5.00
Each Additional Outlets/Drops (6 or More Outlets/Drops):	\$.25
Minimum Fee on Commercial Permit is:	\$100.00

1313.16 PERMIT FEES

(b) Penalty.

- (1) Any permit not applied for in writing before work is in progress shall be subject to a **Two Hundred Percent (200%)** penalty in addition to the regular fee for all work done and to be done under such permit. The penalty shall be in addition to that provided in Section 1313.99. If the penalty and regular fee are not paid within five days of the request, the contractor's license shall be immediately suspended until such time that the penalty and regular fee are paid.
- (2) If electrical work has not commenced within, or if work has been suspended for a period of ninety days, the permit shall be revoked immediately.
(Ord. 87-2001. Passed 5-7-01.)
- (3) There shall be a \$100.00 penalty assessed for not requesting a Final Electrical Inspection
(Ord. 153-2010. Passed 12-20-10.)

A 3% State Assessment Fee will be added to the total permit fee.



**CITY OF MASSILLON BUILDING DEPARTMENT
MUNICIPAL GOVERNMENT CENTER
ONE JAMES DUNCAN PLAZA, MASSILLON, OH 44646
PHONE: (330) 830-1724 * FAX: (330) 830-1782**

APPLICATION FOR CONTRACTOR REGISTRATION

RESIDENTIAL & COMMERCIAL WORK
 Electrical Contractor
 Heating Contractor
 Home Improvement Contractor
 Plumbing Contractor
 Demolition Contractor

COMMERCIAL WORK ONLY
 Fire Suppression Contractor
 General Contractor
 Low Voltage Contractor
 Sign Contractor

1. Owner of Company First & Last Name _____
2. Company Name _____
3. Permanent Address _____

City State Zip
4. Home Phone _____ U. S. Citizen? () Yes () No
5. Date of Birth _____ FED I.D. # OR SS# _____
6. State of Ohio License? () Yes () No
7. State License Number _____ Expires _____
8. Business Name _____
9. Business Address _____
10. Business City, State & Zip _____
11. Business Phone _____
12. Email Address _____

It is agreed that the applicant will conform with all rules, regulations and ordinances of the City of Massillon, Ohio, and that the allegations, representations and statements made in this application are true; and the applicant acknowledges that any falsification made on this form will void the application.

Signature of Applicant Date Signed: _____, 20_____
FEES ARE NOT REFUNDABLE

ALL REGISTRATIONS OR RENEWALS OF SAME SHALL EXPIRE AS STATED IN THE MASSILLON CITY ORDINANCES.



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LOW VOLTAGE PERMIT APPLICATION

Project Name: _____
 Job Site Address: _____
 Owner's Phone Number: _____

Date: _____
 Low Voltage Contractor: _____
 Signature of Applicant: _____

DESCRIPTION OF WORK	AMOUNT	QUANTITY	SUB-TOTAL	SPECIAL NOTES OR INSTRUCTIONS:
Commercial Application Fee	\$100.00			
Main Panel	\$10.00			
Telecommunications Outlets/Drops (1-5)	\$5.00			
Each Additional Outlet/Drop (6 or more)	\$0.25			
Rough Inspection	\$30.00			
Plan Review Fee	\$100.00			
Penalty Fee for Not Requesting Final Inspection	\$100.00			
Penalty Fee for No Permit 100%	Permit Fee x 100%			
				TOTAL
				3% Assessment Fee
				GRAND TOTAL

CITY OF MASSILLON
INCOME TAX DEPARTMENT
ONE JAMES DUNCAN PLAZA
PO BOX 910
MASSILLON, OHIO 44648-0910
Phone (330) 830-1709
Fax (330) 830-2687

BUSINESS AND PROFESSIONAL QUESTIONNAIRE

Please complete this questionnaire and return it to the Income Tax Department or mail to PO Box 910, Massillon, Ohio 44648-0910. Information provided will be used exclusively for income tax purposes and will not be further disclosed.

* 1. Name and Address of the business:

Name _____ DBA _____

Address _____ City/State/Zip +4 _____

City of Massillon Location Address (if applicable) _____

*2. Federal Employer ID or Social Security No: _____

3. Nature of business conducted: _____

4. Accounting method (check one): Calendar Year ending December 31. Fiscal Year ending _____

5. Do you now employ one or more persons? _____ If yes, how many? _____ If no, do you expect to have employees in the future? _____ If yes, how many? _____

6. Date that your business began operating within the City of Massillon _____ or started withholding _____

7. Type of ownership: Proprietorship S Corp C Corp Partnership Non-Profit Corp Other Specify _____

8. If the business is located outside of the City of Massillon, are you withholding income taxes as a courtesy for your employees? Yes No Date withholding started _____

9. Address to which tax forms, notifications and official correspondence are to be mailed:*

Business Name _____ To the attn. of _____

Address _____ City/State/Zip +4 _____

Phone Number (____) _____ - _____ Fax Number (____) _____ - _____

10. Check here if the business authorizes the City of Massillon Income Tax Department to contact directly the party in charge of the business's tax accounting.

11. Party in charge of tax accounting _____ Contact phone number (____) _____ - _____

Address _____ City/State/Zip _____

12. Please indicate below your preference for payroll forms:

____ Withholding forms are needed, we prepare our own payroll.

Check one: ____ Please fax to: _____ or ____ Mail to above address*

____ Withholding forms are not needed, we use a payroll service. Name of payroll service _____

Signature of individual completing form _____ Title _____

Printed Name _____ Date _____

*The Municipality's Building & Engineering Departments shall not issue any license or permit to any person, firm, partnership, association, corporation or other entity that does not possess a valid Certificate of Tax Registration in accordance with ORD 181.23.

*** IF YOU ARE A CONTRACTOR - PLEASE COMPLETE THE BACK SIDE OF THIS FORM ***