



**MASSILLON BUILDING DEPARTMENT**  
**ONE JAMES DUNCAN PLAZA, MASSILLON, OH 44646**  
**PHONE 330.830.1724 | FAX 330.830.1782**  
**[www.massillonohio.gov](http://www.massillonohio.gov)**

Dear Applicant,

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

1. Submit the following items:
  - Completed Application for Contractor Registration Form.
  - Certificate of Insurance for Three Hundred Thousand Dollars.
  - Copy of your Worker's Compensation Certificate.
  - Completed Income Tax Questionnaire Form.
  - \$100.00 Yearly Sign Contractor Registration Fee
2. Yearly registration is from January 1<sup>st</sup> of each calendar year through December 31<sup>st</sup> of the same calendar year. It does not matter what time of the year the registration is obtained, it will expire on December 31<sup>st</sup> of that same year. The cost is not pro-rated.
3. The registration belongs to the person who is listed on the application. If he/she leaves the company, the registration goes with him/her.
4. Permits are to be obtained before starting the job and it is your responsibility to call for all needed inspections.
5. It is your responsibility to renew your registration each year. We do not send out renewal notices.

**THESE MATERIALS NEED TO BE REVIEWED AND APPROVED  
BY OUR OFFICE BEFORE A PERMIT CAN BE ISSUED.**

- ❖ Completed Building Permit Application.
- ❖ Plot plan/site plan showing where proposed signage will be located.
- ❖ Two sets of drawings showing signage, wind loads, footings, etc.  
Depending on the scope of work, these drawings may require Engineer/Architect Seal
- ❖ Landlord letter of approval (if applicable)

**BUILDING PERMIT FEES ARE AS FOLLOWS:**

- \$50.00 Base Fee, plus \$5.00 per thousand dollars of the estimated cost of construction.
- Rough inspections are \$30.00 each.
- Commercial Plan Review fee is \$100.00
- A 3% State Assessment Fee will be added to the above total.



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

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

Signature of Applicant  
**FEES ARE NOT REFUNDABLE**

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

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 \*\*\*

Codified Ordinances of the City of Massillon, Ohio, Section 181.23 REGISTRATION OF CONTRACTORS

(A) No person, firm, partnership, association, corporation or other entity shall perform any construction work within the City of Massillon without first obtaining a tax account number and a Certificate of Tax Registration from the City of Massillon Income Tax Department.

(B) A Certificate of Tax Registration shall be denied to any person, firm, partnership, association, corporation or other entity who is not current in the filing of required tax documents; who is not current in the required payment of taxes; or who has not complied with the provisions of this Chapter.

(C) The Income Tax Department shall maintain a list, and provide quarterly updated list to the City of Massillon Building and Engineering Departments, of the persons, firms, partnerships, associations, corporations and other entities holding valid Certificates of Tax Registration.

(D) The Municipality's Building and Engineering Departments shall not issue any license or permit required by Sections 913.01, 917.02, 917.13, 925.12, 925.13, 1301.1, 1311.03, 1313.06, 1313.07, 1313.15, 1317.06, 1317.07, 1317.18, 1321.04, 1321.08, 1341.02 and 1341.05 of the Codified Ordinances of the City of Massillon to any person, firm, partnership, association, corporation or other entity that does not possess a valid Certificate of Tax Registration.

(E) Failure to possess a valid Certificate of Tax Registration shall be cause for suspension of work by the Building Department, Engineering Department and/or the Income Tax Department prior to the construction work commencing and/or during the performance of the construction work. Proof of a valid Certificate of Tax Registration shall be necessary to commence or resume suspended construction work.

(F) A Certificate of Tax Registration may be canceled or revoked by the Income Tax Department for the failure of a person, firm, partnership, association, corporation or other entity to remain current in the required filing of tax documents; for failing to remain current on the required payment of taxes; and for failure to comply with the provisions of this Chapter.

(G) The word "construction" as used in this section shall mean any construction, reconstruction, rehabilitation, remodeling, improvement, enlargement, alteration, repair, painting, decorating, or landscaping performed within the limits of the City.

(Ord.159-2015. Passed 11-16-15)

\*\*\*IF YOU ARE USING SUB-CONTRACTORS YOU MUST LIST THEM BELOW\*\*\*

1. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

4. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

5. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

6. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

7. Name \_\_\_\_\_ Fed ID or SSN \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

If more than seven sub-contractors are to be used, please attach additional sheet(s). Please notify the Income Tax Department of any additional or substituted sub-contractors that may be used.

I certify that I have read the section of the ordinance that pertains to the REGISTRATION OF CONTRACTORS and will lawfully comply with the ordinance of the City of Massillon. I also certify that I have disclosed all sub-contractors that will be used during construction.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_



**CITY OF MASSILLON, OHIO  
APPLICATION FOR BUILDING PERMIT**

DATE \_\_\_\_\_

**TO THE BUILDING DEPARTMENT:**

APPLICATION IS HEREBY MADE FOR PERMIT TO REPAIR/REMODEL/ERECT/RAZE A STRUCTURE AS HEREIN DESCRIBED: THE ACCEPTANCE OF WHICH SHALL CONSTITUTE AN AGREEMENT ON OWNER'S PART TO ABIDE BY ALL CONDITIONS HEREIN CONTAINED, AND TO COMPLY WITH ALL ORDINANCES OF THE CITY OF MASSILLON AND THE LAWS OF THE STATE OF OHIO RELATING TO THE WORK TO BE DONE HEREUNDER:

<b>OWNER</b> _____	<b>ADDRESS</b> _____ <b>CITY/STATE/ZIP</b> _____	<b>PHONE</b> _____ <b>EMAIL</b> _____
<b>CONTRACTOR</b> _____	<b>ADDRESS</b> _____ <b>CITY/STATE/ZIP</b> _____	<b>PHONE</b> _____ <b>EMAIL</b> _____

ELEC. CONTRACTOR _____ PHONE _____	PLUMB. CONTRACTOR _____ PHONE _____	HEATING CONTRACTOR _____ PHONE _____
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**JOB SITE LOCATION AND DESCRIPTION OF BUILDING AND PROPERTY:**

**NUMBER AND STREET** \_\_\_\_\_  
 \_\_\_\_\_ SIDE OF STREET    SUBLOT NO. \_\_\_\_\_    ALLOTMENT \_\_\_\_\_

LOT } \_\_\_\_\_ FT. FRONT \_\_\_\_\_ FT. DEEP ON THE \_\_\_\_\_ SIDE  
 BEING } \_\_\_\_\_ FT. REAR \_\_\_\_\_ FT. DEEP ON THE \_\_\_\_\_ SIDE

NUMBER OF STORIES \_\_\_\_\_ AND BASEMENT \_\_\_\_\_    **ESTIMATED COST OF JOB** \_\_\_\_\_

SIZE OF BUILDING: **WIDTH** \_\_\_\_\_    **DEPTH** \_\_\_\_\_    **TOTAL HEIGHT** \_\_\_\_\_

TYPE OF CONSTRUCTION:     FRAME     COMPOSITE     MILL     SLOW BURNING     FIRE PROOF

SQ. FT. OF CONTENTS \_\_\_\_\_    HOW IS BUILDING TO BE OCCUPIED? \_\_\_\_\_    CLASS OF BLDG \_\_\_\_\_

IS STREET CURB IN TO ESTABLISH GRADE IN FRONT OF BUILDING? \_\_\_\_\_    BLDG GRADE NECESSARY \_\_\_\_\_

**PERMIT FEE COST SCHEDULE:**

FOOTER (\$30 EACH)	
FOUNDATION (\$30 EACH)	
ROUGH(S) (\$30 EACH)	
ADD'L INSPECTIONS (\$30 EACH)	
PLAN REVIEW	
PENALTY	
\$50 BASE PERMIT FEE (INCLUDES FINAL INSP.)	
\$5.00 PER THOUSAND OF ESTIMATED COST OF CONSTRUCTION (UP TO \$100,000)	
\$500 ABOVE +PLUS \$1.00 PER THOUSAND OF ESTIMATED COST OF CONSTRUCTION (OVER \$100,000)	
SUBTOTAL	
1% RESIDENTIAL ASSESSMENT FEE	
3% COMMERCIAL ASSESSMENT FEE	
<b>TOTAL PERMIT FEE</b>	

**DETAILED DESCRIPTION OF WORK BEING DONE:**

\_\_\_\_\_

\_\_\_\_\_

THE APPLICANT, AGENT, OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREES: (1) TO CONFORM TO APPLICABLE LAWS OF THE CITY OF MASSILLON AND STATE OF OHIO. (2) IS RESPONSIBLE TO VERIFY THAT THE JOB LOCATION IS WITHIN THE CITY LIMITS. (3) NO REFUND WILL BE ISSUED. (4) THE ADDRESS IS CORRECT. (5) IS RESPONSIBLE FOR MAKING ARRANGEMENTS FOR ALL INSPECTIONS. (6) OWNER OR CONTRACTOR SHALL NOTIFY ALL UTILITY COMPANIES INVOLVED IN THE SITE AT LEAST FORTY-EIGHT HOURS BUT NOT MORE THAN TEN WORKING DAYS BEFORE COMMENCING EXCAVATION (ORC 3781.28).

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**BUILDING PERMIT**

YOU ARE HEREBY GRANTED PERMISSION TO:     REPAIR     REMODEL     ERECT     RAZE

THE STRUCTURE AT THE ABOVE LISTED JOB SITE LOCATION IN THE CITY OF MASSILLON, OHIO, IN ACCORDANCE WITH YOUR APPLICATION ON FILE IN THIS DEPARTMENT, SAID STRUCTURE TO BE COMPLETED WITHIN ONE YEAR. UNTIL THAT TIME YOU HAVE PERMISSION TO OCCUPY ONE-THIRD OF THE STREET IN FRONT OF SAID LOTS. IF THE SIDEWALK IS OBSTRUCTED, A TEMPORARY SIDEWALK, FOUR FEET IN WIDTH AT LEAST, AS HIGH AS THE CURB LINE, MUST BE CONSTRUCTED AROUND THE OBSTRUCTION AND THE SIDE TOWARDS THE STREET TO BE TIGHTLY BOARDED UP TO 3 FEET IN HEIGHT ABOVE THE WALK, BUT AT ALL TIMES, YOU ARE TO COMPLY WITH THE ORDINANCES OF THE CITY OF MASSILLON AND THE LAWS OF THE STATE OF OHIO RELATIVE TO THE CONSTRUCTION, REMODELING AND ERECTING OF BUILDINGS. AND IN ADDITION THERETO, THE RECIPIENT OF THIS PERMIT SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF MASSILLON OR ANY PRIVATE INDIVIDUAL OR CORPORATION THAT MAY BE DAMAGED THROUGH THE CONSTRUCTION, REMODELING, ERECTION OR RAZING OF THE STRUCTURE.

\_\_\_\_\_, CHIEF BUILDING OFFICIAL

\_\_\_\_\_, DATE