

City of Warrensville Heights

Building Department
19700 Miles Road
Warrensville Heights, Ohio 44128
Phone (216) 587-1230
Fax (216) 587-1257

Bradley D. Sellers
Mayor

Benjamin W. Brown
Building Commissioner

GENERAL CONTRACTOR/BUILDER'S REPORT

REPORT DATE: _____

Revised 1/2017

General Contractor: _____

Authorized Officer _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Project Name _____ Work Site Location _____

TAX ID # _____ E-Mail Address _____

The builder is required to provide the Commissioner, Building Official and/or Residential Building Official, with a list of contractors and subcontractors that will be working on the project. This report is due at the beginning of construction and monthly thereafter.

NOTE: Each contractor and subcontractor must be registered with the City of Warrensville Heights prior to project begins.

1333.04(d) No person shall build, erect, construct or materially alter any dwelling or other building within the City or supervise the same unless such person shall first have secured a license to do so.

Contractor: _____

Authorized Officer _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Trade (Please Check One): Building Electrical Plumbing HVAC

Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____
Authorized Officer _____
Address: _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Fax _____
Trade (Please Check One): Building Electrical Plumbing HVAC
Other Specify Building Trade: _____
TAX ID # _____

Contractor: _____
Authorized Officer _____
Address: _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Fax _____
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TAX ID # _____

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Contractor: _____
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City _____ State _____ Zip _____

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Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____

Authorized Officer: _____

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City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Trade (Please Check One): Building Electrical Plumbing HVAC

Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____

Authorized Officer: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Trade (Please Check One): Building Electrical Plumbing HVAC

Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____

Authorized Officer: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Trade (Please Check One): Building Electrical Plumbing HVAC

Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____

Authorized Officer: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Trade (Please Check One): Building Electrical Plumbing HVAC

Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____

Authorized Officer: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Trade (Please Check One): Building Electrical Plumbing HVAC

Other Specify Building Trade: _____

TAX ID # _____

Contractor: _____

Authorized Officer: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

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Authorized Officer: _____

Address: _____

City _____ State _____ Zip _____

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TAX ID # _____