



Jay Myers
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FAYETTE COUNTY BUILDING DEPARTMENT

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APPLICATION FOR CONTRACTOR REGISTRATION

Application Date: _____, 20____ Registration Number: No. _____

CONTRACTOR TYPE (CHOOSE ONLY ONE)

GC General **SW** Site Work **MRY** Masonry **RCP** Rough Carpentry
 PL Plumbing **ELC** Electrical **DRW** Drywall **FCP** Finish Carpentry
 CON Concrete **FIPR** Fire Prot **HI** Home Improv **OTR** Other _____
 HVAC Heating, Ventilating, Air Conditioning **MHI** Manufactured Home Installer

Company Name: _____ Contact Person _____

Business address: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail address: _____

Tax ID # _____ or Social Security # _____

State License # _____ Expiration Date _____

REFERENCES: (Optional)

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Cell: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____ Cell: _____