

BUILDING & ZONING DEPARTMENT
Room 304, Municipal Center West
Springfield, IL 62701

Mechanical Application for the Year of _____

APPLICATION TYPE: NEW _____ RENEWAL _____

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I. Registered Mechanical Contractor

Name of Business: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Fax:** _____
e-mail address: _____

II. Mechanical License

Name of Person Licensed: _____
Address: _____
City, State, Zip: _____
Phone: _____ **Fax:** _____

Relationship with Contractor: _____
Owner, Partner, Officers, (Pres. Sec)

Out of Town License, enter city: _____ **(Attach copy of License)**

III. Bond

A \$5,000 Surety Bond in original form, in favor of the City of Springfield, IL issued in your business name, shall be furnished and made part of this application. It shall run a full calendar year.

Insurance Agency: _____
Address of Agency: _____
City, State, Zip: _____
Phone: _____ **Fax:** _____

IV. Certificate of Insurance

Must be attached to Application- Shall be issued for one year

Minimum Limits of Insurance Coverage:

- | | |
|--|--------------|
| a. Bodily Injury Per Person | \$100,000.00 |
| b. Bodily Injury Per Occurrence | \$300,000.00 |
| c. Property Damage Per Occurrence | \$100,000.00 |
| d. Workman's Compensation in accordance with State Law | |

V. Fee (CHECK ONE ONLY)

_____ Commercial/Residential Mechanical Contractor Registration and License	\$70.00
_____ Residential Mechanical Contractor Registration and License	\$70.00
_____ Commercial/Residential Mechanical License ONLY	\$25.00
_____ Residential Mechanical License ONLY	\$25.00

I, the undersigned, certify that the above information is accurate to the best of my knowledge and I herby authorize the Commission to inquire into any of the above information.

Company: _____

Owner/Authorized Officer: _____ **Date:** _____