

BUILDING AND ZONING DEPARTMENT
300 South 7th Street Room 304
Springfield, Illinois 62701 Phone: 217-789-2171

THIS APPLICATION MUST BE RECEIVED AT THE OFFICE OF BUILDING AND ZONING (ROOM 304 MUNICIPAL CENTER WEST) BY 4:30 PM TWO DAYS PRIOR TO THE NEXT SCHEDULED MECHANICAL COMMISSION MEETING TO BE CONSIDERED AT THAT MEETING.

Application for New Registrations

Mechanical Application for the Year of _____

- Registered Mechanical Contractor with Out of Town License, complete entire application.
- Registered Mechanical Contractor with Springfield License, complete items 1 - 3, 6, 7 & 9 only.

1. Registered Mechanical Contractor

Name of Business: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address _____

2. Mechanical License

Name of Person Licensed: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Relationship with Contractor: _____

Email Address _____

3. Proof of Licensee's Position Owner, Partner, Officer

- ***Attach documents supporting licensee's position within the organization***

If Incorporated, provide Articles of Incorporation or Corporate Minutes

If LLC, provide Articles of Organization

If DBA (sole proprietorship), provide proof of registration with Sangamon County

4. Out-of-Town License *Must be from an Illinois municipality*

Enter City: _____ Phone # for City: _____

- *Attach a copy of your current license. Must provide evidence that license was issued prior to October 10, 2007 and has not been allowed to expire since. If license obtained after October 10, 2007 it will be required that ICC National Standard Master Mechanical test (G29N) be taken.*
- *Attach past permits pulled to show mechanical work was performed within the jurisdiction in which the license was issued*
- *A contractor who runs his or her business as an out of state corporation must register the out of state corporation with the Illinois Secretary of State so that it may conduct business in the State of Illinois.*
 - ***Please attach copy of registration***

5. Verification of Testing

Was test taken to obtain Out of Town License: Yes ___ No ___

- ***Attach proof that test was passed***
- ***ICC Master Mechanical Exam may be required***

6. Surety Bond

- ***Attach \$5,000 Surety Bond***

In its Original form

In favor of the City of Springfield, Illinois

Issued in your business name

It shall run from January 1 to December 31. It is acceptable for the bond to be dated beyond December 31.

7. Fee - (Check one only)

_____ Registered Mechanical Contractor with Springfield License \$ 45.00

_____ Registered Mechanical Contractor with Out-of-Town License \$ 45.00

8. Verification of Work Experience

Unless complete address of employer is given, it is impossible to properly process your application and may cause delay.	DATES EMPLOYED			TYPE OF MECHANICAL WORK PERFORMED
	FROM MO/YR	TO MO/YR	# YEARS SUPERVISORY	DUCTS, HOODS, FURNACE, AIR CONDITIONING EQUIPMENT, ETC.
Company name:				
Address:				
Contact person:				
Phone number:				
Company name:				
Address:				
Contact person:				
Phone Number:				

Attach additional sheets if necessary to describe work history

Documentation **must** show 5 years experience for residential or 7 years for commercial with 2 years minimum of that work being supervisory

9. Proof of Liability Insurance and current workman’s comp

- ***Please attach copy of the policy***

I, the undersigned, hereby certify and affirm, under penalty of perjury, that the above information is true and accurate. I hereby authorize the Commission and/or any City personnel to inquire into any of the above information.

Company: _____

Owner/Authorized Officer:

Date: _____

Applicant’s signature

The Springfield Mechanical Ordinance (Chapter 173) can be found at www.municodes.com. If you do not have access to the internet, you may call the Department of Building & Zoning at 217-789-2171 to obtain a copy of the ordinance.

Below are checklists to ensure application is complete:

Applying for registration with out of town license:	Applying for registration with Springfield license:
___ Application filled out properly	___ Application filled out properly
___ Documentation of licensee's position	___ Documentation of licensee's position
___ Current copy of license	___ Current copy of license
___ Permits from licensing municipality	___ Surety Bond properly dated
___ proof of passed test	___ Proof of Liability Insurance
___ Surety Bond properly dated	___ Fee
___ Documentation of experience	
___ Proof of Liability Insurance	
___ Illinois business registration (if out of state)	
___ Fee	