

BUILDING & ZONING DEPARTMENT

300 South Seventh Street, Room 304, Municipal Center West
Springfield, Il 62701

Application for Renewal of License and Registration

Mechanical Application for the Year_____

Registered Mechanical Contractor complete entire application
Mechanical License Holder only complete section 2 & 6 only

1. Registered Mechanical Contractor

Name Of Contractor_____

Business Address_____

City, State, Zip Code_____

Phone_____ **Email Address**_____

2. Mechanical License Holder

Name of Licensed Person_____

Address_____

City, State, Zip Code_____

Phone_____ **Email Address**_____

Relationship with Contractor_____

Owner, Partner, Officer, Etc

3. Licensing Municipality

If Out-of-Town License attach a copy of the current license

4. Surety Bond

Attach \$5,000 Bond

- In it's original form
- In favor of the City of Springfield, IL
- Issued in your business name
- It shall run from January 1st to December 31st.

5. Proof of Liability Insurance and Workman's Comp

Attach copy of policy

Limits of Insurance Coverage

- Bodily injury per person \$100,000
- Bodily injury per occurrence \$300,000
- Property damage per occurrence \$100,000
- Workman's comp in accordance with state law

6. Renewal Fee

Mechanical License Only (Springfield License) \$25_____

Registered Mechanical Contractor with Springfield License \$70_____
(This includes \$25 license & \$45 registration fees)

Registered Mechanical Contractor with Out-of-Town License \$45_____

I, the undersigned, certify that the above information is accurate to the best of my knowledge and I hereby authorize the City of Springfield Mechanical Commission and/or City personnel to inquire into any of the above information.

Company_____

Owner/Authorized Officer_____ **Date**_____

Signature here