

**BUILDING & ZONING DEPARTMENT**

Room 304, Municipal Center West  
Springfield, IL 62701

**Mechanical Application for the Year of \_\_\_\_\_**

**APPLICATION TYPE: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_**

**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)**

- |  |                |
|--|----------------|
| _____ <b>Commercial Mechanical Contractor Registration and License</b>                   | <b>\$70.00</b> |
| _____ <b>Commercial &amp; Residential Mechanical Contractor Registration and License</b> | <b>\$70.00</b> |
| _____ <b>Residential Mechanical Contractor Registration and License</b>                  | <b>\$70.00</b> |
| _____ <b>Commercial Mechanical License Holder ONLY</b>                                   | <b>\$25.00</b> |
| _____ <b>Commercial &amp; Residential Mechanical License Holder ONLY</b>                 | <b>\$25.00</b> |
| _____ <b>Residential Mechanical License Holder ONLY</b>                                  | <b>\$25.00</b> |

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

Company: \_\_\_\_\_

License holder signature: \_\_\_\_\_ Date: \_\_\_\_\_