

BUILDING AND ZONING DEPARTMENT

Room 304, Municipal Building
Springfield, Illinois 62701

**Solid Fuel/Vented Decorative Appliance & Gas Piping
Application for the Year of _____**

APPLICATION TYPE: NEW _____ RENEWAL _____

I. Registered Solid Fuel/Vented Decorative Appliance Contractor

Name of Business: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

II. License Holder

Name of Person Licensed: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Relationship with Contractor: _____

(Owner, Partner, Officers, {Pres. Sec.})

III. Bond

A \$5,000.00 Surety Bond, in original form, in favor of the City of Springfield, Illinois, issued in your business name, shall be furnished and made a part of this application. It shall run from January 1 to December 31.

Insurance Agency: _____
Address of Agency: _____
City, State, Zip: _____
Telephone Number: _____

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(Only check one)

- | | |
|---|----------------|
| _____ Solid Fuel/Vented Decorative Contractor Registration and License | \$70.00 |
| _____ Solid Fuel/Vented Decorative License ONLY | \$25.00 |

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: _____

Owner/Authorized Officer: _____ Date: _____