VILLAGE OF BOLINGBROOK
PLUMBING CONTRACTORS FORM

PLEASE PRINT

DATE: ______________________

NAME OF BUSINESS: ____________________________________________________________

NAME OF OWNER: ________________________________________________________________

OWNER'S DRIVERS LICENSE NO. ________________________________________________
or Illinois Corporation No.

BUSINESS ADDRESS: ___________________________________________________________

    other than P.O. Box

PHONE: ___________________ FAX: ____________________________

TYPE OF BUSINESS: ____________________________________________________________

STATE OF IL LICENSE #: _______________________________________________________

CITY OF CHICAGO LICENSE #: _________________________________________________

BOND REQUIREMENT:

All Plumbing Contractors are required to file with the Village of Bolingbrook Building Department, a copy of the State Plumbing Contractors Registration card.

LICENSE REQUIREMENT:

All Plumbing Contractors must be licensed to perform such work, and a copy of the current state license must be submitted to the Village of Bolingbrook Building Department.

NO PERSON, FIRM, PARTNERSHIP OR CORPORATION SHALL INSTALL, SUPERINTEND, MAINTAIN OR REPAIR ANY WORK FOR WHICH A PERMIT IS REQUIRED BY THE CODE UNLESS SUCH PERSON, FIRM, ASSOCIATION, PARTNERSHIP, CORPORATION, OR CONTRACTOR HOLDS A CURRENT CONTRACTORS FORM.

I/ We are familiar with the provisions of the Building Regulations of Village of Bolingbrook and agree to conform to their requirements.

_______________________________________
Authorized Agent/Owner

Village of Bolingbrook
375 W. Briarcliff Rd.
Bolingbrook, IL  60440
Phone: (630) 226-8470
Fax: (630) 226-8469

6.09.06