



CITY OF PROSPECT HEIGHTS
 Building/Zoning Department
 8 North Elmhurst Road
 Prospect Heights, IL 60070
 Tel: 847/398-6070 ext. 211 Fax: 847/590-1854

CONTRACTOR REGISTRATION APPLICATION

DATE: _____
 REGISTRATION YEAR: 20_____

INSTRUCTIONS: Please fill in or update all but the shaded areas on the TOP form. Sign and return ENTIRE page with your payment.

OFFICE USE ONLY			
CATEGORY AND TYPE	CITY BUSINESSES ID	FEE	TOTAL AMOUNT DUE
		\$100.00	\$100.00

Type of Contractor: _____
 Company Name: _____ Phone: _____
 Address: _____ Fax: _____
 City/State: _____ Job Address: _____
 Zip: _____

City Staff Signature _____ Owner/Agent Signature _____

- * **All** contractors registered with the City must submit a **\$25,000** Surety Bond naming the City of Prospect Heights along with a copy of their **liability insurance**.
- ** Plumbers must be licensed by the State of Illinois or City of Chicago and submit a copy of license along with a copy of their plumbers card both front and back (picture I.D.); Alarm installers and Roofers must submit copy of State License and a \$25,000 Surety Bond naming the City of Prospect Heights, and must also provide the City a copy of their liability insurance.
- *** State Registered Lawn Sprinkler installers must submit copy of State Registration/Plumbers License along with picture I.D., name, address, telephone number together with a \$25,000 Surety Bond naming the City of Prospect Heights, and copy of their liability insurance.
- **** Electricians must submit copy of license together with a \$25,000 Surety Bond naming the City of Prospect Heights & a copy of their liability insurance.



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PAYMENT INFORMATION

Company Name/Address/City, State, Zip:

