



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

CONTRACTOR REGISTRATION APPLICATION

DATE: _____
 REGISTRATION YEAR: 20_____

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

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

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:

