



700 N. DIVISION STREET
MORRIS, ILLINOIS 60450

CITY OF MORRIS
BILL CHESHARECK
Building & Zoning Officer

(815) 942-1855
FAX: (815) 941-5236
E-mail: shocky54@hotmail.com

WHO MUST REGISTER:

All contractors desiring to engage in business within the corporate limits of the City of Morris must be registered with the Building and Zoning Officer.

EFFECTIVE DATES OF REGISTRATION:

All registrations expire on the 30th day of April of each year and must be renewed on May 1st.

REGISTRATION FEES:

| | |
|-----------------------|----------|
| General Contractor | \$200.00 |
| All Other Contractors | \$100.00 |

(Fees are ½ price from November 1 through March 30)

INSURANCE REQUIREMENTS:

Certificates of Insurance must list the City of Morris as the Certificate Holder.

| | |
|---------------------------|---|
| Bodily Injury Liability | \$300,000.00 |
| Property Damage Liability | \$100,000.00 |
| Workman's Compensation | As required by the Industrial Commission Of Illinois |

Business Auto:

| | |
|---------------------------|--------------|
| Bodily Injury Liability | \$300,000.00 |
| Property Damage Liability | \$ 50,000.00 |

If insurance expires during the term of registration, a renewal certificate must be mailed/faxed to the Building and Zoning Officer or the registration will be suspended.

BOND REQUIREMENTS: STANDARD LICENSE-PERMIT SURETY BOND:

| | |
|-----------------------|-------------------|
| General Contractor | \$ 20,000.00 Bond |
| Electrical Contractor | \$ 10,000.00 Bond |
| Plumbing Contractor | \$ 10,000.00 Bond |
| HVAC Contractor | \$ 10,000.00 Bond |
| All Other Contractors | \$ 10,000.00 Bond |

If Surety Bond expires during the term of registration, a renewal bond must be mailed/faxed to the Building and Zoning Officer or the registration will be suspended.

APPLICATION FOR CONTRACTOR REGISTRATION

Date Applied: _____ Present Registration No. _____

BUSINESS INFORMATION:

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ Fax: () _____ Cell: () _____

Business Type: _____

OWNER INFORMATION:

Owner's Name: _____ Phone No. () _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

STATE LICENSE NUMBERS (IF APPLICABLE):

Plumber's License Number: _____ Exp. Date: _____
(If applicable, copy of license)

Roofer's License Number: _____ Exp. Date: _____

LIABILITY INSURANCE:

Insurance Company: _____

Policy No. _____ Exp. Date: _____

Bond Company: _____ Exp. Date: _____

Bond No. _____ Exp. Date: _____

CERTIFICATIONS OF INSURANCES:

State of Illinois Unemployment Act Compensation No. _____

Workers' Compensation Insurance Policy No. _____

Name of Insurance Company: _____ Exp. Date: _____

NOTE: Failure to comply with this Ordinance or any misrepresentation of classification on this application may result in penalties as described by Code.

Signature of Applicant: _____ Print Name: _____

SUBMIT THE FOLLOWING:

- | | |
|---|--|
| 1. Surety Bond | 4. Completed Application Form |
| 2. Certificate of Insurance | 5. General Fee - \$200.00 --- Sub Contactor Fee - \$100.00 |
| 3. Proof of Worker Compensation Insurance | |

FOR OFFICE USE ONLY

REGISTRATION NO: _____ ISSUED BY: _____

DATE ISSUED: _____

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CONTRACTOR REGISTRATION
GENERAL CONTRACTORS & SUB-CONTRACTORS
CONSTRUCTION CODE COMPLIANCE ASSURANCE

As a requirement towards registering as a contractor to perform work within the jurisdiction of the City of Morris, all contractors are required to conduct work in a manner which complies with the adopted codes of the City of Morris (listed below).

In registering as a contractor in the City of Morris, I hereby attest to my knowledge of all adopted building codes under the office of Building & Zoning jurisdiction. All work performed in this jurisdiction will conform and comply with the applied codes:

International Building Code, IBC 2009
International Residential Building Code, IRC 2009
International Existing Building Code 2009
Illinois Plumbing Code 2008
National Electrical Code, NEC 2002
NFPA 101 Life Safety Codes 2009
Illinois Accessibility Code 1997
International Energy Conservation Code 2012

Business Name _____

Address _____

Phone # _____ E-Mail: _____

Signature of Agreement: _____

Title _____ Date: _____