

700 N. DIVISION STREET  
MORRIS, ILLINOIS 60450



**CITY OF MORRIS**  
**BILL MARTIN**  
Building & Zoning Officer

(815) 942-1855  
FAX: (815) 941-5236  
E-mail: [bmartin@morrisil.org](mailto:bmartin@morrisil.org)

**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 30<sup>th</sup> day of April of each year and must be renewed on May 1<sup>st</sup>

**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
W011anan'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
RVAC Contractor	\$ 10,000.00 Bond
A.11 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: \_\_\_\_\_

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

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**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 are the Adopted Codes for the City of Morris.**

**In Registering as a Contractor, I hereby attest to my knowledge of all adopted Building Codes under the Office of Building & Zoning. All work performed in this jurisdiction will conform and comply with the applied codes.**

**International Building Code, IBC 2015**

**International Residential Building Code, IRC 2015**

**International Existing Building Code 2015**

**Illinois Plumbing Code 2008**

**National Electrical Code, NEC 2008**

**NFPA 101 Life Safety Codes 2009**

**Illinois Accessibility Code 1997**

**International Energy Conservation Code 2015**

**International Mechanical code 2015**

**International Fuel Gas Code 2015**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature of Agreement:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_