



700 N. DIVISION STREET
MORRIS, ILLINOIS 60450

CITY OF MORRIS
BILL MARTIN
Building & Zoning Officer

(815) 942-1855
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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
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
- 2. Certificate of insurance
- 3. Proof of Worker Compensation Insurance
- 4. Completed Application Form
- 5. General Fee - \$200.00 --- Sub Contractor Fee - \$100.00

FOR OFFICE USE ONLY

REGISTRATION NO: _____ ISSUED BY: _____

DATE ISSUED: _____

**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 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 2015

Illinois Accessibility Code 1997

International Energy Conservation Code 2015

International Mechanical code 2015

International Fuel Gas Code 2015

NFPA 855 Standards for Installation of Stationary Energy Storage Systems 2023

Business Name: _____

Address: _____

Phone #: _____ **Email:** _____

Signature of Agreement: _____

Title: _____ **Date:** _____