



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

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: _____

Cny: _____ 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: _____
(*Applicable, copy of license*)

Roofer's License Number: Exp. Date: _____ 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 --- Snb Contractor Fee - \$100.00

-----**FOR OFFICE USE ONLY**-----

REGISTRATION NO: _____ ISSUED BY: _____

DATE ISSUED: _____

2815 VISION STREET
MORRIS, ILLINOIS 60450



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Building & Zoning Officer

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E-mail: shocky54@hotmail.com

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 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#: _____ Email: _____

Signature of Agreement: _____

Title: _____ Date: _____