

700 N.DIVISION STREET MORRIS, ILLINOIS 60450

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

CITY OF MORRIS BILL MARTIN

Building & Zoning Officer

WHO MUST REGISTER:

All contractors desiring to engage inbusiness 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

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, are new alcertificate 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, are newal bond must be mailed/faxed to the Building and Zoning Officer or the registration will be suspended.

APPLICATION FOR CONTRACTOR REGISTRATION

DateApplicd:	Present Registration No.		
BUSINESS INFORMATION:			
NameofBusiness:		·	
Business Address: ——————		Zip Code:	
		Cell::	
OWNER INFORMATION:			
Owner's Name;		Phone No.,,	
Owner's Address:			
City:	State:	Zip Code:	
STATE LICENSE NUMBERS (1F APPI	JCABLE):		
Plumber's License Number:,		Exp.Date:	
Roofer's License Number: Exp. Date:		Hxp.Date:	
LIABILITY INSURANCE:			
Insurance Company;	. <u> </u>	<u></u> .	
PolicyNo.		Exp. Date:	
Bond Company;			
Bond No		Exp.Date:	
CERTIFICATIONS OF INSURANCES:			
State of Illinois Unemployment Act Compensa	tion No		
Name ofinsurance Company:		Exp. Date:	
NOTE: Failure to comply with this Ordinan n penalties as described by Code.	.ce or any misrepresentatio	on of classification on this application may result	
Signature of Applicant:	Prin	t Name;	
	SUBMIT THE FOLLOW	VING:	
Surety Bond			
2. Certificate ofinsurance	 Completed Application Form General Fee - \$200,00 Sub Contractor Fee - \$100,00 		
3. Proof of Worker Compensation Insura	ince		
FORO	FFJCEUS	EONLY	
EGISTRATIONNO:	ISSUED BY	": . <u></u>	
ATRISSUED:			

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 2002
NFPA 101 Life Safety Codes 2015
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:	