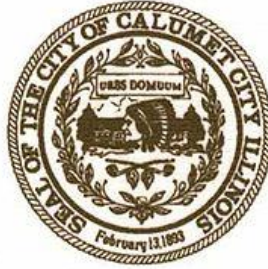


**CITY OF CALUMET CITY ILLINOIS
DEPARTMENT OF INSPECTIONAL SERVICES**

MICHELLE MARKIEWICZ QUALKINBUSH
MAYOR

SHERYL TILLMAN
DIRECTOR OF INSPECTIONAL SERVICES

ANTHONY TYLER
FAIR HOUSING DIRECTOR



670 Wentworth Av
Calumet City, IL 60409
Phone: (708) 891-8120
Fax: (708) 891-2128

PLUMBING REGISTRATION FORM

**BUILDING CODES: 2015 IBC, 2006 IMC, 2006 IRC, 2006 PROPERTY MAINTANCE, 2003 IFC,
2011 CHICAGO ELECTRICAL, 2004 IL PLUMBING, 2009 ENERGY CODE, 2010
ACCESSIBILITY CODE, AS WELL AS CALUMET CITY ORDINANCES**

COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ FAX: _____

OWNERS NAME: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUIRED DOCUMENTS

1. A COPY OF CURRENT O55 LICENSE FROM THE STATE OF ILLINOIS
2. CERTIFICATE OF GENERAL LIABILITY INSURANCE NAMING THE "CITY OF CALUMET CITY" AS A RESPECTIVE HOLDER
3. ALL PLUMBERS DOING WORK MUST COME IN WITH O58/ JOURNEYMAN PHOTO LICENSE AND LETTER OF INTENT FOR EACH PERMIT APPLIED FOR.

I UNDERSTANDS THAT THE PRESENTATION OF REGISTRATION IN CONDITIONAL UPON COMPLIANCE WITH ALL CITY ORDINANCES. PERMITS ARE REQUIRED FOR ALL WORK. IT IS THE CONTRACTORS RESPOSIBILITY TO OBTAIN A PERMIT PRIOR TO THE START OF ANY WORK.

DATE: _____ SIGNATURE: _____