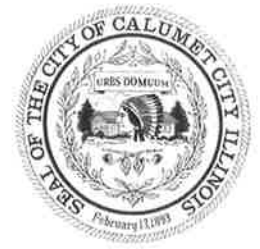


THADDEUS M JONES Mayor

CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES  
PHONE: (708) 891- 8120  
FAX: (708) 891-2128 – EMAIL:DIS@CALUMETCITY.ORG



## CONTRACTOR REGISTRATION FORM

**BUILDING CODES: 2015 IBC, 2006 IMC, 2006 IRC, 2006 PROPERTY MAINTENANCE  
2011 CHICAGO ELECTRICAL, 2014 IL PLUMBING, 2009 ENERGY CODE, 2010 ACCESSIBILITY  
PER CALUMET CITY ORDINANCES  
\$500 FEE JAN. 1<sup>ST</sup> – DEC. 31<sup>ST</sup>**

PLEASE CHECK CONTRACTOR TYPE:  GENERAL  HVAC  ELEC  PLUMBING

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

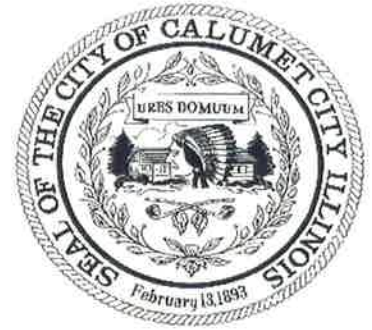
### REQUIRED DOCUMENTS

1. A COPY OF CURRENT BUSINESS LICENSE FROM ANOTHER CITY/TOWN.
2. **ALL TRADES MUST PROVIDE LIABILITY INSURANCE NAMING THE "CITY OF CALUMET CITY" AS A RESPECTIVE HOLDER AND A \$10,000 SURETY BOND (NAMING THE "CITY OF CALUMET CITY." EXCLUDING PLUMBING CONTRACTORS.**
3. **PLUMBERS** – 0-55 / 0-58 ALL PLUMBERS MUST APPLY IN PERSON WITH 0-58 / JOURNEYMAN PHOTO LICENCES AND LETTER OF INTENT FOR EACH PERMIT APPLICATION SUBMITTED.
4. **ELECTRICIANS** – MUST PROVIDE A COPY OF CURRENT LICENSE.
5. **HVAC** – MUST PROVIDE A COPY OF CURRENT EPA LICENSES.

I UNDERSTAND THAT THE PRESENTATION OF REGISTRATION IS CONDITIONAL UPON COMPLIANCE WITH ALL CITY ORDINANCES. PERMITS ARE REQUIRED FOR ALL WORK AND A SIGNED CONTRACT. THE CONTRACTORS HAS THE RESPONSIBILITY TO OBTAIN A PERMIT PRIOR TO THE START OF ANY WORK.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

THADDEUS M JONES MAYOR  
SHERYL TILLMAN DIRECTOR



BUILDING PERMIT APPLICATION  
CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES  
PHONE: 708-891-8120  
FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_  
PIN #: \_\_\_\_\_ WARD: \_\_\_\_\_  
BUILDING INSPECTOR APPROVAL: \_\_\_\_\_  
BUILDING COMMISSIONER APPROVAL: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Construction Address: \_\_\_\_\_

Please check one

Type of building: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Garage  
\_\_\_\_\_ Brick Veneer \_\_\_\_\_ Brick \_\_\_\_\_ Block \_\_\_\_\_ Frame \_\_\_\_\_ Steel

New Construction: Basement: Yes or No \_\_\_\_\_ Poured \_\_\_\_\_ Block  
\_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_ Floors

REPAIRS OR ALTERATION DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Cost: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The applicant hereby certifies that the above statements are true and correct and agrees that the work covered by the permit issued hereunder will be done in accordance with all ordinances, rules, and regulations of the City of Calumet City, Cook County, and the State of Illinois.

I acknowledge that this application may require a detailed scope or plat of survey. New construction, commercial, rehab/remodels, expansions, and additions may require a plan review by a third party on behalf of the City of Calumet City which will incur a review fee. Contractor/ Homeowner must submit plans to the City Engineering Company.

**Farnsworth Group**  
Tinley Park, IL/Joliet, IL/Lisle, IL  
(708) 326-4000  
[www.f-w.com](http://www.f-w.com)

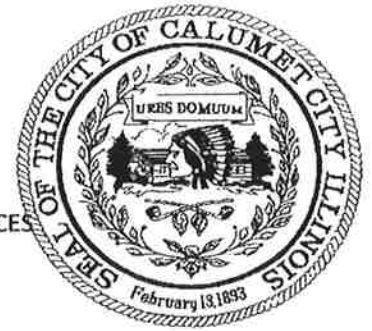
I have read both sides if this application and agree to adhere to all applicable codes.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please note permits will not be issued separately. All applications must be completed before permit is issued.

Permit Fee: \_\_\_\_\_ Inspection: \_\_\_\_\_ Total: \_\_\_\_\_

Thaddeus M. Jones - Mayor  
 Sheryl Tillman - Director Building & Zoning



**ELECTRIC PERMIT APPLICATION**  
**CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES**  
**PHONE: 708-891-8120**  
**FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG**

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

ELECTRIC INSPECTOR APPROVAL: \_\_\_\_\_

BUILDING COMMISSIONER APPROVAL: \_\_\_\_\_

Application is hereby made for permission to do electric work as follows:

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Construction Address: \_\_\_\_\_

**Classification of Occupancy**

- Residential     Mercantile  
 Institutional     Garage  
 Assembly     Misc. Building  
 Open Air     Technology Center  
 Business

**Type of Construction**

- New Construction     Addition  
 Remodel/Rehab     Fire Repairs  
 Electric Only     Other

**TYPE OF ELECTRIC WORK**

- Service     Emergency Repair  
 Feeder     Electrical System Maintenance  
 Circuits     Required Fire Alarm System  
 Other

**BRANCH CIRCUITS**

AMPERES	1 PHASE	3 PHASE
15 AMP		
20 AMP		
OVER 20 AMP		

**LIGHT/RECEPTACLE OUTLETS ON EXISTING**

	TYPE	NUMBER
LIGHTING		
RECEPTACLE		

**SERVICES**

	VOLT	PHASE	WIRE	AMPS
SVC 1				
SVC 2				
OTHER				

**POWER & EQUIPMENT**

	NUMBER	TOTAL HP/VA
MOTORS/APPLIANCES		
OTHER		

**COMMUNICATIONS/DATA/LOW VOLTAGE**

TYPE	FLOORS	UNITS
TELEPHONE		
ALARM SYSTEM		
NETWORK/DATA		

Commercial Cost: \_\_\_\_\_ Additional Work: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_ Total: \_\_\_\_\_

Thaddeus M. Jones - Mayor  
Sheryl Tillman - Director Building & Zoning



PLUMBING PERMIT APPLICATION  
CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES  
PHONE: 708-891-8120  
FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

PLUMBING INSPECTOR APPROVAL: \_\_\_\_\_

BUILDING COMMISSIONER APPROVAL: \_\_\_\_\_

Application is hereby made for permission to do plumbing work as follows:

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Construction Address: \_\_\_\_\_

Please check one

Type of building: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other

**Description of Work**

\_\_\_\_\_ New Construction \_\_\_\_\_ Remodel or Repair

**INSTALL FOLLOWING FIXTURES**

Sinks _____	Drain Tile Connection _____	Slop Sink _____	Shower Baths _____
Closets _____	Back Flow Preventer _____	Floor Drain _____	Bath Tubs _____
Urinals _____	Drinking Fountain _____	Lavatories _____	Laundry Tubs _____
Water Heater _____	Grease Traps _____	Sump Pump _____	Down Spouts _____
Sewer Tap _____	Water Tap _____	Sewer Vent _____	

All Plumbing to meet Illinois and Calumet City Codes. Back Flow Preventer (Double Check) on water service and all hose connection. Expansion tank on heater (between valve and heater). Questions? Call 708-891-8120.

Additional: \_\_\_\_\_

Commercial Cost: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby certify that I am a licensed plumber in the State of Illinois, with a contractor's license no: 055-\_\_\_\_\_  
I have been employed to do the work described above, and further agree to call for an inspection before any work is covered up. The applicant hereby certifies that the above statements are true and correct and agrees with the work covered by this permit will be done in accordance with the statement hereon made in the accordance with all ordinances, rules and regulations of the City of Calumet City.

\_\_\_\_\_  
Contractor's Signature

Please note that if the homeowner is completing the work, the property cannot be sold for six (6) months after work is completed.

Permit Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_ Total: \_\_\_\_\_

Thaddeus M. Jones - Mayor  
Sheryl Tillman - Director Building & Zoning



**HVAC PERMIT APPLICATION**  
**CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES**  
**PHONE: 708-891-8120**  
**FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG**

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

HVAC INSPECTOR APPROVAL: \_\_\_\_\_

BUILDING COMMISSIONER APPROVAL: \_\_\_\_\_

Application is hereby made for permission to do HVAC work as follows:

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Construction Address: \_\_\_\_\_

\_\_\_\_\_ FURNACE # \_\_\_\_\_ BTU'S  
\_\_\_\_\_ A/C # \_\_\_\_\_ TONS (\$10.00/TON) \_\_\_\_\_ FUEL TANK REMOVAL

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HVAC REQUIREMENTS**

**Mechanical Room**

Combustion air for furnace- Working smoke and carbon monoxide detectors-Working light in room, crawl or attic-Walking platform in attic.

**Boilers**

Back flow at water supply for boiler- Electric shut off switch with outlet for trouble light-90% boiler both supply and exhaust PVCV piped to outside unless installed in unconditional space- L copper pipe for piping-Breaker sized for unit installed.

**Furnace**

Electric shut off switch and outlet for trouble light-Circuit breaker 15 amp with 14 gage wire- 80% furnace requires reduction in chimney flue diameter, 5" or 6" chimney liner required with cap or diluter if chimney liner won't fit. 90% furnace-install PVC pipe for flue and air intake to the outside hot water tank sumps into chimney, flue needs reduction in chimney diameter, 4' chimney liner required with cap. Gas union and shut off valve placed outside of box- Y's in flues not T's.

**Ducts**

If installing ductwork include drawing showing supplies by the window and return off set- Supplies in ceiling return at floor- Supplies in floor return at ceiling-R6 insulation for return ducts in unconditional spaces- R8 insulation for supply ducts in unconditional spaces.

**A/C Systems**

Outside requires disconnect at condenser- Place condenser in back yard as per City of Calumet City ordinance. Older condensers, attic air handlers and new high efficiency condensers breaker size according to specification plate on unit (basement A- coil drain lines into trap (laundry tub) not sumo pit-Attic air handlers to have two drain pans, one under unit plus the A- coil drain pan tied into one drain line.

**Business**

The units are placed on the roof with the GFI outlet- must have fresh air supply to mix- for CMF air change- Concrete or steel roof- if wood roof, will need house type furnace with fresh air supply to mix for CFM air change.

Permit Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_ Total: \_\_\_\_\_

SCOPE OF WORK- ADDRESS \_\_\_\_\_

BEDROOMS 1,2,3,4

BASEMENT

GARAGE

MECHANICALS

EXTERIOR