

DuPage County Contractor Registration

New Application or Renewal – CR _____

PLEASE NOTE THE FOLLOWING INFORMATION

A Certificate of Insurance must be submitted with this application. The Certificate should show General Liability and Workman's Compensation. In the event there is no Worker's Compensation a "No-Employee Affidavit" will be required. This affidavit is available in our office or on our web site. The signature may be notarized. Note: Plumbing & Irrigation requirements are described in a box below.

Name of Business: _____
 Name of Applicant: _____
 Name of Owner: _____
 Business Address: _____

City _____ State _____ Zip Code _____

E-mail address: _____

You <u>must</u> check one of the following contractor types:	Fee:	
<input type="checkbox"/> General Contractor/Construction Mgr Not employing full-time tradesmen	\$200.00	
<input type="checkbox"/> General Contractor w/Trades Employs 1 or more tradesmen performing work	\$300.00	
<input type="checkbox"/> Sub Contractor (Per Trade)	\$100.00	

NEW/RENEWAL REGISTRATION (for office use only)
Date _____
Registration Processed: _____
Expires: _____
Liability Insurance Expires: _____
Workman's Comp Waived? y__n__
Expires: _____

Check Your Trades:

- | | |
|--|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Cell Tower Erector |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Damp Proofing |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Driveways |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Elevator/Lift* | <input type="checkbox"/> Excavating |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Fire Alarm |
| <input type="checkbox"/> Fireplaces | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Fire Sprinklers* | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Irrigation** | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Mechanical Piping |
| <input type="checkbox"/> Plumbing** | <input type="checkbox"/> Roofing* |
| <input type="checkbox"/> Siding/Exterior Wall Finish | <input type="checkbox"/> Sign Erector |
| <input type="checkbox"/> Steel Erector | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Other _____ | |

*Requires a copy of State of Illinois License

of employees _____

This applicant hereby states on oath that he/she is familiar with all pertinent County of DuPage Ordinances, Codes and regulations including Building Codes and agrees to fully comply with the same. The applicant further states that he/she is authorized to sign this application on behalf of the applicant subcontractor.

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

 (Signature/Position of Applicant) (Date)

Applications & Certificates of Insurance can be mailed, faxed or emailed to:

County of DuPage, Building & Zoning Department, 421 N. County Farm Road, Wheaton, IL 60187

Fax: (630) 407-6702, E-mail: buildingandzoning@dupageco.org

Any questions: Call (630) 407-6700

Revised 4/19/2016