# <u>City of Dixon, Illinois</u> Contractor's Registration Application

# **PLEASE PRINT**

| Doing Business As:                                                                                                                                                                                                                                                                            |                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Business Owner Name:                                                                                                                                                                                                                                                                          |                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                   |
| Address:                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     | Email:                                                                                                                                                                        |                                                                                                                                   |
| City:                                                                                                                                                                                                                                                                                         | State:                                                                                                                                                              | Zip:                                                                                                                                                                          |                                                                                                                                   |
| Phone:                                                                                                                                                                                                                                                                                        | Fax:                                                                                                                                                                | Cell:                                                                                                                                                                         |                                                                                                                                   |
| Type of Contractor                                                                                                                                                                                                                                                                            | or all that apply)  □ Plumbing □ Roofing                                                                                                                            | □ EPA □ Other                                                                                                                                                                 |                                                                                                                                   |
| Electrical License: Test here                                                                                                                                                                                                                                                                 | :<br>                                                                                                                                                               | Transfer from:                                                                                                                                                                |                                                                                                                                   |
| Name of License holder:                                                                                                                                                                                                                                                                       |                                                                                                                                                                     | IDL #:                                                                                                                                                                        |                                                                                                                                   |
| Electrician Signature:                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                   |
| State Plumbing License #                                                                                                                                                                                                                                                                      |                                                                                                                                                                     | Exp. Date:                                                                                                                                                                    |                                                                                                                                   |
| Name of License holder:                                                                                                                                                                                                                                                                       | (copy must be included)                                                                                                                                             | IDL #:                                                                                                                                                                        |                                                                                                                                   |
| State Roofing License #                                                                                                                                                                                                                                                                       |                                                                                                                                                                     | Exp. Date:                                                                                                                                                                    |                                                                                                                                   |
| Name of License holder:                                                                                                                                                                                                                                                                       | (copy must be included)                                                                                                                                             | IDL #:                                                                                                                                                                        |                                                                                                                                   |
| USEPA Firm #                                                                                                                                                                                                                                                                                  |                                                                                                                                                                     | Exp. Date:                                                                                                                                                                    |                                                                                                                                   |
| USEPA <u>Lead Renovator</u> Cert #                                                                                                                                                                                                                                                            |                                                                                                                                                                     | Exp. Date:                                                                                                                                                                    |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                               | , 10                                                                                                                                                                | IDL #:                                                                                                                                                                        |                                                                                                                                   |
| **Registration will <i>NOT</i> be a                                                                                                                                                                                                                                                           |                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                   |
| Insurance Company:                                                                                                                                                                                                                                                                            |                                                                                                                                                                     | Phone:                                                                                                                                                                        |                                                                                                                                   |
| Certificate must be included                                                                                                                                                                                                                                                                  | (Agent) with application and mu                                                                                                                                     | st honor the City of Dixon.                                                                                                                                                   |                                                                                                                                   |
| Bond Company:                                                                                                                                                                                                                                                                                 |                                                                                                                                                                     | Phone:                                                                                                                                                                        |                                                                                                                                   |
| Bond must be included with                                                                                                                                                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                   |
| I understand as a contractor for the City of D annually, prior to expiration. Failure to mainta to be submitted when the information is sup responsible for ensuring that the work I do cor of Dixon. I am responsible for compliance with will result in my forfeiture of registration and a | in these records with this department<br>plied. I understand the requirements<br>aforms to the building, electrical, plu<br>th the directives of all applicable cod | will result in revocation of registration a<br>to submit for a permit prior to beginni<br>mbing, energy conservation and property<br>es as directed by the Building Departmen | nd will require a new application, and fee,<br>ng any work in the City of Dixon. I am<br>maintenance codes as adopted by the City |
| Name of Applicant (please print)                                                                                                                                                                                                                                                              | Signature of A                                                                                                                                                      | Applicant                                                                                                                                                                     | Date                                                                                                                              |

## **Contractor's Registration Contract**

(read and initial) (sign and date bottom)

As a contractor within the City of Dixon, I hereby understand and agree to comply with the requirements set forth in the "City Code" and all future amendments, adoptions or changes thereto as adopted by the City Council. By the issuance of my registration through the Building Department of the City of Dixon and by signing this form I understand that it is my responsibility to comply with all Federal, State, County, and City codes, ordinances, statutes, laws, referendums, and policies in effect during the operation of my contracting business. As a contractor, I may not begin any work without the permit first being obtained by myself or the property owner. All plan changes and additional work must be submitted to the Building Department and approved prior to beginning work. Inspections must be completed prior to any concealment and any expense incurred from failure to obtain approval prior to concealment shall be at my cost. Permits are required to be displayed where visible from the street prior to my beginning any work on site. As a contractor, it is my responsibility to ensure that a final inspection is completed and a certificate of occupancy issued prior to accepting final payment for the project. I also understand it is my duty to inform the property owner of the requirement to obtain a certificate prior to use of the area constructed. As an "Electrical" contractor, I understand that prior to performing any electrical work for hire I must maintain an electrician's license with the City of Dixon and provide all information regarding this registration to the Building Department prior to bidding, estimating, or performing any work within the City of Dixon. As a "Roofing" contractor, I understand that prior to performing any roofing work for hire I must have a valid roofer's license through the State of Illinois and provide all information regarding said license to the Building Department prior to bidding, estimating, or performing any work within the City of Dixon. As a "Plumbing" contractor, I understand that prior to performing any plumbing work for hire I must first obtain a plumbing license through the State of Illinois and provide all information regarding said license to the Building Department prior to bidding, estimating, or performing any work within the City of Dixon. As a contractor in the State of Illinois, I understand that it is my responsibility to comply with the Home Repair and Remodeling Act and all provisions thereof. A contract is required to be signed between myself and the homeowner for any project which will cost the homeowner over \$1000. I also must furnish the homeowner with the "Know your Rights" pamphlet for each project. As a contractor in the United States, I understand that I must comply with all USEPA requirements regarding asbestos or lead based paint. I must also obtain and maintain certification through the EPA for lead based paint repair and remodeling and provide all information regarding said certification to the Building Department prior to bidding, estimating, or performing any work within the City of Dixon. I further understand that I must supply a copy of a pamphlet entitled, "Renovate Right: Important Lead Hazard Information for Families, Childcare Providers and Schools", if the proposed project may disturb lead based paint. As the owner or individual listed above, when a license is not held in my name but rather in the name of a partner or employee, prior to accepting a job which would require a licensed individual I am aware that: An authorization transfer form must be completed and if the partnership or employment is terminated I understand that it is my responsibility to inform the Building Department of said termination and further understand that it is unlawful for me to obtain or attempt to obtain a permit for work or to perform work which requires a licensed individual. The individual holding the license must oversee the work being completed on all required jobs. As the registered contractor who obtained the permit, I may be held responsible for code compliance and any costs associated therewith. By signing this document and initialing above I understand and accept full responsibility for the compliance with all directives of the aforementioned codes as well as any codes adopted in the future regarding the contracting business. Furthermore I am responsible for compliance with the directives of all applicable codes as directed by the Building Department and all agents thereof. I understand that my failure to comply with any of these codes may result in the revocation of my registration in addition to any fines or fees that may be assessed in regards to said failure. I will ensure that any questions regarding a code, interpretation, workmanship, or plans shall be resolved prior to the construction of the work in question. Name of Applicant (please print) Signature of applicant Date

### THOSE AUTHORIZED TO PULL PERMITS

| Name:                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Affiliation with Business:                                                                                                                                                                                              |
| Signature:                                                                                                                                                                                                              |
|                                                                                                                                                                                                                         |
| Name:                                                                                                                                                                                                                   |
| Affiliation with Business:                                                                                                                                                                                              |
| Signature:                                                                                                                                                                                                              |
|                                                                                                                                                                                                                         |
| Name:                                                                                                                                                                                                                   |
| Affiliation with Business:                                                                                                                                                                                              |
| Signature:                                                                                                                                                                                                              |
|                                                                                                                                                                                                                         |
| Name:                                                                                                                                                                                                                   |
| Affiliation with Business:                                                                                                                                                                                              |
| Signature:                                                                                                                                                                                                              |
|                                                                                                                                                                                                                         |
| Signature of person providing information:                                                                                                                                                                              |
| (must be outsiness owner as per name on application)                                                                                                                                                                    |
| By providing this information, it will make it more difficult for any person, other than the homeowner, to pull a permit that is not affiliated with your company, and will help protect the citizens of Dixon as well. |
| If this information should change, please notify this office immediately.                                                                                                                                               |
| OFFICE USE ONLY                                                                                                                                                                                                         |
| DO NOT WRITE BELOW THIS LINE                                                                                                                                                                                            |
| \$50.00 REGISTRATION FEE PAID (one time fee)                                                                                                                                                                            |
| \$25.00 ELECTRICAL REG FEE PAID (annual renewal required)                                                                                                                                                               |
| This application is hereby approved, insurance & bond requirements have been met, all copies of applicable licenses and/or certificates have been included and receipt of \$50.00 and/or \$25.00 fee is acknowledged.   |
| Registration No                                                                                                                                                                                                         |
| Receipt No                                                                                                                                                                                                              |
| Building Department                                                                                                                                                                                                     |

# City of Dixon Building & Zoning Department

121 W Second St Dixon, IL 61021 Ph 815-288-1403 Fax 815-288-0396

#### **Contractor Registration Requirements**

#### LICENSE/PERMIT BOND (one copy)

\$15,000 License/Permit Bond honoring the City of Dixon

(available through your insurance agent)
(a continuation certificate must be submitted annually)

#### **CERTIFICATE OF INSURANCE** (one copy)

(a continuous certificate must be submitted annually)

Certificate of Insurance showing City of Dixon as certificate holder:

\$100,000/\$300,000 Public Liability or \$300,000 Combined Single Limit Policy

\$50,000 Property Damage

\$10,000 per occurrence for "Home Repair/Remodel not in Conformance with Applicable Codes"

#### **REGISTRATION FEE**

\$50.00 Registration Fee to be paid one time only as long as a current Certificate of Insurance and a current License/Permit Bond Certificate are on file with the City.

(if lapse occurs, termination is possible)

#### **ELECTRICIAN REQUIREMENTS**

Insurance, bond and fee as stated above.

Must submit a current electrical license from another qualifying city.

Cannot be issued to a company, must be an individual.

Annual fee of \$25.00 from May 1 through April 30.

#### ROOFER REQUIREMENTS

Insurance, bond and fee as stated above.

Must submit a current State of Illinois roofing license.

#### PLUMBER REQUIREMENTS

Must submit a current State plumbing license.