## BUILDING AND ZONING DEPARTMENT 300 south 7th street Room 304

Springfield, Illinois 62701 Phone: 217-789-2171

THIS APPLICATION MUST BE RECEIVED AT THE OFFICE OF BUILDING AND ZONING (ROOM 304 MUNICIPAL CENTER WEST) BY 4:30 PM TWO DAYS PRIOR TO THE NEXT SCHEDULED MECHANICAL COMMISSION MEETING TO BE CONSIDERED AT THAT MEETING.

## **Application for New Registrations**

M	lechanical Application for the Year of			
☐ Registered Mechanical Con	tractor with Out of Town License, complete entire application.			
☐ Registered Mechanical Con	tractor with Springfield License, complete items 1 - 3, 6, 7 & 9 only.			
1. Registered Mechanic	cal Contractor			
Name of Business:				
Address:				
City, State, Zip:				
Telephone Number:				
2. Mechanical License				
Name of Person Licensed: _				
Address:				
City, State, Zip:				
Telephone Number:				
Relationship with Contracto	or:			
Email	Owner, Partner, Officer, (Pres. Sec.)			
3. Proof of Licensee's F	Position			
Attach documents support	orting licensee's position within the organization			
If Incorporated, provide Articles of Incorporation or Corporate Minutes				
If LLC, provide Articles of Or	ganization			
If DBA (sole proprietorship), provide proof of registration with Sangamon County				
4. Out-of-Town License	<u>!</u>			
Enter City:	Phone # for City:			

- Attach a copy of your current license. Must provide evidence that license was issued prior to October 10, 2007 and has not been allowed to expire since. If license obtained after October 10, 2007 it will be required that ICC National Standard Master Mechanical test (G29N) be taken.
- Attach past permits pulled to show mechanical work was performed within the jurisdiction in which the license was issued
- A contractor who runs his or her business as an out of state corporation must register the out of state corporation with the Illinois Secretary of State so that it may conduct business in the State of Illinois.

Illinois.				
5. Verification of Testing				
Was test taken to obtain Out of Town License: Yes No				
Attach proof that test was passed				
6. <b>Bond</b>				
Attach \$5,000 Surety Bond				
In its Original form				
In favor of the City of Springfield, Illinois				
Issued in your business name				
It shall run from January 1 to December 31. It is acceptable for the bond to be dated beyond December 31.				
Insurance Agency:				
Address of Agency:				
City, State, Zip:				
Telephone Number:				
7. Fee - (Check one only)				
Registered Mechanical Contractor with Springfield License \$ 45.00				
Registered Mechanical Contractor with Out-of-Town License \$ 45.00				

## 8. Verification of Work Experience

Unless complete address of employer is given, it is impossible to properly process	DATES EMPLOYED			TYPE OF MECHANICAL WORK PERFORMED
your application and will cause delay.	FROM MO/YR	TO MO/YR	# YEAR S SUPE RVISO RY	DUCTS, HOODS, FURNACE, AIR CONDITIONING EQUIPMENT, ETC.
Company name:				
Address:			The state of the s	
Contact person:				
Phone number:				
Company name:				
Address:		***************************************		
Contact person:				
Phone Number:  Attach additional shee				
Documentation <u>must</u> show 5 years experient minimum of that work being supervisory  9. <b>Proof of Liability Insurance</b>	ice for re	sidentia	it of 7 ye	ars for commercial with 2 years
Insurance Company		. L. M. L. M		
Policy Number				
Please attach copy of the policy				
l, the undersigned, hereby certify and affi true and accurate. I hereby authorize the of the above information.				
Company:			***************************************	-
Owner/Authorized Officer:				
	Da	nte:	***************************************	
Applicant's signature				
Email address (please print clearly)				

The Springfield Mechanical Ordinance (Chapter 173) can be found at <a href="https://www.municodes.com">www.municodes.com</a>. If you do not have access to the internet, you may call the Department of Building & Zoning at 217-789-2171 to obtain a copy of the ordinance.

Below are checklists to ensure application is complete:

Applying for registration with Springfield			
license:			
Application filled out properly			
Documentation of licensee's position			
Current copy of license			
Surety Bond properly dated			
Proof of Liability Insurance			
Fee			