



Business & Residential Services

16220 Wausau Ave, South Holland, IL 60473

Phone: 708-210-2915 Fax: 708-210-2959

email: buildingandcode@southholland.org

Contractor's Registration Form

<i>Type of Contractor</i>	<i>Requirements & Documents Needed</i>
<input type="checkbox"/> General Contractor:	Fee: \$100 \$10,000 Surety Bond and Certificate of Insurance
<input type="checkbox"/> Roofing Contractor:	Fee: \$50 \$10,000 Surety Bond, Certificate of Insurance & IL State Roofing License
<input type="checkbox"/> Electrical Contractor:	Fee: \$50 \$10,000 Surety Bond, Certificate of Insurance & license/testing certificate
<input type="checkbox"/> Fire Sprinkler/Suppression:	Fee: \$50 \$10,000 Surety Bond, Certificate of Insurance, IL State License
<input type="checkbox"/> Other Sub-Contractors:	Fee: \$50 \$10,000 Surety Bond, Certificate of Insurance
<input type="checkbox"/> Roll off / Scavenger:	Fee: \$250 \$10,000 Surety Bond, Certificate of Insurance
<input type="checkbox"/> Plumbing Contractor:	No Fee / Copy of current IL State Plumbing License (055; for RPZ testers 060 also)
<input type="checkbox"/> Private Alarm Installer:	No Fee / Copy of State of Illinois State Private Alarm license

Sub-Contractors = Carpentry, Concrete, Masonry, Drywall, HVAC, Elevator, Sewer/Drain, Fence, Sign, Electrical, Paving, Tree Service, Siding, Handyman, Lawn Care/Landscaper, Painting, Etc.

NOTE: Certificates and Bonds must list the Village of South Holland, IL as holder /obligee

Company Name _____

Trade/ Specialty _____

Owner's Name _____

Business Address _____

Phone (indicate office or cell) _____

Email _____

Email addresses will not be made public. It will be used for our office use only

The undersigned agrees to abide by the Building and Zoning Codes of the Village of South Holland and all ordinances and regulations governing all work in connection with operations under said registration.

This includes respecting work hours of 7 a.m. to dusk and no residential work to be conducted on Sundays.

Applicant's Signature: _____ Print Name: _____

FOR OFFICE USE ONLY

VOSH REG # _____

Amount Paid: No Fee \$50 \$100 \$25023

Stamp Paid Date Here