

Rock Island County... Build the future and improve the quality of life for our community

CONTRACTOR REGISTRATION REQUIREMENTS

Any person, firm or corporation doing business as a contractor in the County of Rock Island shall register annually with the Zoning & Building Department. For registration you will need to have the following items - partial packets are not acceptable.

- 1. A Rock Island County Continuous Code Compliance Bond in the amount of \$10,000 for **all Contractors**.
- 2. Completed Registration Form. (You must be sure and sign the bottom of the form.)
- 3. A Certificate of Insurance for the duration of the registration must be obtained and maintained for public liability and property damage insurance with a minimum of \$100,000 for each occurrence of property damage; and \$300,000 for each occurrence of personal injury or bodily harm. Rock Island County must be named as the certificate holder.
- 4. Proof of Workers Compensation Insurance or that you are an approved self-insurer of Worker's Compensation. (Proof shall either be a Certificate of Insurance from the insurance provider or the Certificate of Approval from the Illinois Industrial Commission)...OR...If you are a sole proprietorship or partnership then you will not be required to provide proof of Worker's Compensation Insurance, however, must provide a notarized Sworn Statement (document provided) that you have no employees.
- 5. The fee for registration shall be **Fifty Dollars (\$50.00)** and shall be valid for one (1) year due on or before March 1st each year.
- 6. Copy of Applicable License: (Roofing license is required for General Contractors if roofing is included in work performed. All other trades must supply a copy of their State license as part of their registration.)

NOTE:

- Mail-in permit applications are accepted from Mechanical, Electrical and Plumbing Contractors only. The County must receive applications before work is begun.
- If for any reason, the aforementioned items should lapse during that registration year, you must reapply for registration including payment of an additional **Fifty Dollar** (\$50.00) registration fee.
- Complete registration packets are required. Do not bring your registration to the Zoning & Building Department until it is complete and ready to be put on file.
- If you have any questions regarding your registration, please call the Zoning & Building Department at (309) 558-3771 for more information.

OFFICE OF

ZONING & BUILDING SAFETY

1504 3rd Avenue, Rock Island IL 61201 Phone:(309) 558-3771 Fax: (309) 786-4456



Rock Island County Zoning & Building Department 1504 3rd Ave Rock Island IL, 61201

CONTRACTOR REGISTRATION FORM

Type of Contractor:	□ Demolition □ Electrical □ Mechanical □ Plumbing □ Fire Protection □ General/Roofing □ General (No Roofing) □ Other:				
Business Name:					
Contact Person:					
Mailing Address:					
City/State/Zip:					
Phone numbers:	Business:		Cell:		
Type of Ownership:	Sole Proprietor □	Corporation	Partnership □ LL	С	
Owner (Officer if Corp):					
Address:					
City/State/Zip:					
Email:					
FOR OFFICE USE ONLY Submit current copies so that we may retain them in our files:					
State License: Insurance:	Plumbing Indi Roofing #104 Roofing #105 General lia property dam	- - bility with a minimur nage; and \$300,000	m of \$100,000 for eac for each occurrence		
	□ Rock İsland	or bodily harm; Rock Island County named Certificate Holder Workman's Comp or Sworn Statement			
Code Compliance Bor	nd: In the sum o	□ In the sum of Ten Thousand Dollars (\$10,000)			
Payment:	Date Paymer Payment Met		Check #		
There is a \$50	0.00 REGISTRATION	FEE PER CATEGORY I	required for all contro	<u>actors</u>	
Payable to Rock Island County Send to: Rock Island County – 1504 3 rd Ave Rock Island IL 61201 - Attn: Zoning and Bldg Dept. Registration Valid: March 1st, through February 28th The undersigned certifies that all the information in this statement, and all information furnished in support of the statements are true and complete to the best of their knowledge and belief. Failure to comply with the conditions of this registration will result in revocation of the registration and cancellation of all active permits.					
Signature		Title		Date	

^{***} PLEASE SEE REVERSE SIDE OF THE APPLICATION FOR ADDITIONAL INFORMATION REQUIRED***

Additional information required

Please List below employees or officers authorized to purchase permits as representatives for your company. (Please Note: Anyone who is not listed below will not be allowed to purchase a permit for your company; Also, Note: Sub Contractors **shall not** be considered as authorized agents.)

Name:	
Name:	



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CONTRACTORS CODE COMPLIANCE BOND

	BOt	ND #			
KNOW ALL MEN B'	Y THESE PRESENTS: That		e/First Name) OR (Corporation Name	e)
DBA:					
			ity	State	·
And principal, and	d(Na				
	(Na	me of Bonding Age	ncy)		
be paid unto the sai	Rock Island, Illinois, in the s d County of Rock Island, i bind ourselves, and each	ts successors or assig	<u>l Dollars (\$10,000)</u> gns for which payr	·	e United States, to
Dated this	Day of	A.D.	20		
The conditions of the	ese obligations are such, t	nat			
license to carry on t of Section 3-1 of the	re principal, he business for: Rock Island County Code	e of Ordinances, an	in said C	ounty accordance	with the provisions
and all duties of wh	the above principal atsoever nature required with and all sums and amounts	by the said Ordino in the County of Ro	ince, as well as, c ck Island, and sho	uny and all ordinar Ill and will promptly	pay to the County
	aid Section 3-1, or any of Rock Island, then this obli				
performance of its c and for the faithful bond is a continuou	ne penal sum of \$10,000 ventractual work, in according to the proving sound and shall remain world for future liability upon	dance with provision visions of Section 3- in full force and effe	ns of this bond for 1 of the Rock Island act until canceled	all work performed nd County Code of by notice. The su	d under said license of Ordinances. This urety shall have the
WITNESS our hands t	his Day of _		A.D. 20		
Signed By:		Signed By:		(Surety)_	
	cipal's Name . Executive Title by Name)	Age	ncy Name, Addre	ss and Phone	SEAL

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SWORN STATEMENT

FOR:				
	t Company/Individua	I Name)		
perform would be unless I ob	ork in the County of R	ock Island during pensation Insurc	d will not hire any em g the duration of this r ance and provide pro	egistration
Sign	ature	Title	Do	ate
	e of Illinois			
Cou	nty of Rock Island			
l,		_ a Notary Pub	lic in and for said cou	inty, in the
State	aforesaid,	do	hereby personally known to	certify
the same principal th signed, sec	person whose name nerein, appeared bef	is subscribed to ore me this day ne said instrumen	the foregoing instrum in person and acknov t as his free voluntary	ent as the wledge he
Given und A.D., 20		rial Seal this	day of	
			Notary Public	

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