



# THE VILLAGE OF WILLOWBROOK

835 Midway Drive, Willowbrook, Illinois 60527 Phone: (630) 323-8215 Fax: (630) 920-2489

OFFICE USE ONLY ↓↓↓↓↓	<b>8. CONTRACTOR BUSINESS NAME &amp; CONTACT INFORMATION</b>			
<b>CONTRACTORS: SEE LEFT MARGIN BELOW FOR REQUIRED PAPERWORK</b>				
<small>NOTE: ALL CERTIFICATES OF INSURANCE SHALL NAME "THE VILLAGE OF WILLOWBROOK", AT THE ADDRESS INDICATED ABOVE, AS THE "CERTIFICATE HOLDER"</small>				
<b>Applicant (ONLY IF NOT OWNER)</b>	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>General Contractor</b> <input type="checkbox"/> Certificate of Ins.	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>Architect</b>	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>Civil / Structural Engineer (Circle One)</b>	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>Electrical Contractor</b> <input type="checkbox"/> Municipal License <input type="checkbox"/> Certificate of Ins. <input type="checkbox"/> \$10K Surety	BUSINESS NAME	FIRST NAME	LAST NAME	
	NOT APPLICABLE		CITY	STATE ZIP
	USE 3 PAGE OF FULL/FOUR PAGE APPLICATION IF ELECTRICAL WORK IS PROPOSED			
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
<b>"Interior" Plumbing Contractor</b> <input type="checkbox"/> State of Illinois Plumbing License <input type="checkbox"/> Letter of Intent	BUSINESS NAME (INTERIOR PLUMBER)	FIRST NAME	LAST NAME	
	NOT APPLICABLE		CITY	STATE ZIP
	USE 4 PAGE OF FULL/FOUR PAGE APPLICATION IF PLUMBING WORK IS PROPOSED			
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
<b>"Exterior" Plumbing Contractor</b> <input type="checkbox"/> State of Illinois Plumbing License <input type="checkbox"/> Letter of Intent	BUSINESS NAME (WATER SERVICE & SANITARY SEWER CONNECTION)	FIRST NAME	LAST NAME	
	NOT APPLICABLE		CITY	STATE ZIP
	USE 4 PAGE OF FULL/FOUR PAGE APPLICATION IF PLUMBING WORK IS PROPOSED			
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
<b>HVAC Contractor</b> <input type="checkbox"/> Certificate of Ins.	BUSINESS NAME	FIRST NAME	LAST NAME	
	NOT APPLICABLE		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>Concrete Contractor</b> <input type="checkbox"/> Certificate of Ins.	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>Excavation or *U/G Bore* Contractor</b> <input type="checkbox"/> Certificate of Ins. <input type="checkbox"/> \$10K Surety Bond	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		
<b>Roofer [*or Other*] Contractor</b> <input type="checkbox"/> St. IL Roofing Lic <input type="checkbox"/> Copy of Div. Lic. <input type="checkbox"/> * Certificate of Ins.	BUSINESS NAME	FIRST NAME	LAST NAME	
	STREET ADDRESS		CITY	STATE ZIP
	PHONE (LAND LINE) ( ) ( )	FAX ( ) ( )		
	PHONE (MOBILE) ( ) ( )	E-MAIL		