

PLUMBING REGISTRATION APPLICATION

Company Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

The above petitioner hereby requests permission from the City of Palos Hills to operate this business within the corporate limits of the city, Cook County, Illinois.

The above petitioner agrees to abide by and operate this business in conformance to the Codes and Ordinances of the City of Palos Hills.

Signed this _____ day of _____, 200_

Applicant or Agent signature _____

Plumbing Contractors are required to submit a copy of their State of Illinois Plumbing Contractor's Registration and a copy of their State of Illinois Bond or Department of Public Health Bond.

City of Palos Hills fax number: 708-598-2475

Attn: Nancy Ozee