

## 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 \_\_\_\_\_, 20\_\_\_\_

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/ Department of Public Health Bond.**

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

Attn: Building Dept

[www.paloshillsweb.org](http://www.paloshillsweb.org)