



COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
INSPECTION DIVISION

2024 MECHANICAL CONTRACTOR REGISTRATION

For Office Use Only				
Date Processed		License Fee	\$	Account No.

**REGISTRATIONS EXPIRE ANNUALLY, ON DECEMBER 31
PLEASE PROVIDE ALL APPLICABLE INFORMATION**

* **BUSINESS NAME:** _____

* Owner Name: _____ *License Holder: _____

* Office Phone: () _____ Alternate Phone: _____

* Mobile Phone: () _____ FAX: _____

* Email Address: _____ Website: _____

* Address: _____

* City, State, Zip: _____

LICENSE HOLDER INFORMATION

LICENSE HOLDER CLASSIFICATION

- MASTER MECHANICAL
- BOILER INSTALLATION
- RESIDENTIAL HVAC
- WOOD/GAS FIREPLACES
- COMMERCIAL HVAC
- COMMERCIAL REFRIGERATION

NEW APPLICANTS

A copy of an Iowa Master Mechanical License, or copy of licensing and passing test scores from an ICC/Approved Prometric Exam must be submitted with application.

***** PLEASE READ CAREFULLY AND INITIAL **ALL** ACKNOWLEDGMENTS BELOW *****

_____ I certify that I will abide by all applicable articles and provisions as mandated by the City of Rock Island Building Ordinance. The Ordinance is available online at www.rigov.org or at the City Clerk's Office.
* Initial

_____ I understand that it is my obligation to secure a building permit and to notify the appropriate inspectors in a timely manner for all applicable inspections.
* Initial

_____ I understand that upon completion of construction and approval from the inspectors, it is my obligation to notify the Inspection Division to obtain a Certificate of Occupancy or final inspection. **ALL PERMITS REQUIRE A FINAL INSPECTION. NO EXCEPTIONS.**
* Initial

_____ I am aware that there is a maximum \$500 per day, per violation, permit penalty fee for construction started without proper permits or exceeding departmental permit approval.
* Initial

Under penalties of perjury, the undersigned certifies that all information in this statement, and all information furnished in support of the statement is true and complete to the best of his/her 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.

X

* Applicant's Signature & License Holder Signature*

* Date

PLEASE CHECK TO ENSURE THAT THE FOLLOWING ARE SUBMITTED FOR REGISTRATION

- Registration Form COMPLETED, INITIALED and SIGNED
- \$55.00 Fee (Checks payable to City of Rock Island)
- Current Certificate of Liability Insurance to The City of Rock Island in the amount of \$100,00.00 property damage & \$300,000.00 personal injury per occurrence. **Workman's Compensation insurance if applicable.**
- A \$10,000.00 continuous license/permit bond on the city's form . (Annual Renewals: If you already have an original on file with our office, please disregard.)

Submit to:

City of Rock Island
Inspection Division
1528 Third Avenue
Rock Island, IL 61201
Ph: (309) 732-2910
Email: Inspection@rigov.org
FAX: (309) 732-2933

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

Mobile Phone: () _____

Address: _____

City, State, Zip Code: _____

ADDITIONAL PRINCIPALS OF FIRM/THOSE INDIVIDUALS AUTHORIZED TO APPLY FOR PERMITS

Name _____

Daytime Phone: () _____

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Address: _____

City, State, Zip Code: _____

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