

Kankakee County Building Department – Contractor’s List

Owner _____ Permit# _____

Work Site Address _____

Subdivision _____ Lot# _____

Phone# _____ Construction Type: _____

If the contractor’s list should change at any time during this project, a revised list shall be submitted to the Contractor Licensing Coordinator at 815-937-2940 Ext. 235. Your cooperation is appreciated through out the permit and construction process.

I have read and understand the terms listed above.

Signature _____ Date _____

List of Contractors

Contractor Information	FOR OFFICE USE ONLY	Exp. Date
General _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
Carpentry _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
Concrete _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
Damp Proofing _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
Drywall _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
Electrical _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
Excavating _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____
HVAC _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____	_____ _____ _____ _____

Contractor Information

FOR OFFICE USE ONLY

Exp. Date

Insulation/Vent _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Masonry _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Plumbing _____ Address _____ Phone# _____ State License # _____ State Registration # _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____ Expiration _____ Expiration _____
Roofing _____ Address _____ Phone# _____ State License # _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____ Expiration _____
Siding _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Fence _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Pools _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Lawn Sprinklers _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Landscapers _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____
Other _____ Address _____ Phone# _____	License # _____ Signed Aff. _____ Yes _____ No _____ Gen. Liab. _____ Yes _____ No _____ Work Comp _____ Yes _____ No _____ Bond _____ Yes _____ No _____

Date Received: _____ Date Approved: _____ Approved By: _____