



Building Division
164 E Lincoln Hwy
DeKalb, IL 60115
(815) 748-2070

Office Use
CY 21

Application for State Licensed Contractors

Type of Contractor

- PLUMBING ROOFING FIRE ALARM
- FIRE SUPPRESSION IRRIGATION

Name of Firm: _____

Business Owner: _____

Contact Name (if different than owner): _____

Address: _____

Business Phone: _____ Cell: _____

E-mail: _____ Fax: _____

State of Illinois License Number(s)	Expiration Date
_____	_____
_____	_____

Please provide copies of your State of Illinois license(s).

No work will be permitted until the required submittals are on file with the City of DeKalb.

Owner's name - please print _____

Owner or Authorized Person's Signature _____ Date _____

<i>Office Use Only</i>	
Date Received: _____	Copies of License(s): _____
Registration Form: _____	