

REGISTRATION # _____



Building Division
200 S Fourth Street
DeKalb, IL 60115
(815) 748-2070
Brenda.hart@cityofdekalb.com

Office Use
CY 19
Date Mailed

Application for State Licensed Contractors

Type of Contractor

PLUMBING ROOFING FIRE ALARM FIRE SUPPRESSION

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

Office Use Only

Date Received: _____
Registration Form: _____ Copies of License(s): _____