

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 815-936-5550. 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	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Masonry	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Plumbing	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
State License #	Expiration		
State Registration #	Expiration		
Roofing	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
State License #	Expiration		
Siding	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Fence	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Pools	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Lawn Sprinklers	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Landscapers	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No
Other	License #		
Address	Signed Aff.	Yes	No
Phone#	Gen. Liab.	Yes	No
	Work Comp	Yes	No
	Bond	Yes	No

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