

Building Department
2828 Sheridan Road
Zion, Illinois 60099



(847) 746-4018
www.cityofzion.com

PLUMBING CONTRACTOR'S REGISTRATION

COMPANY NAME: _____

Company owners name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office phone number: (____) _____ Cell number: (____) _____

Email address: _____

State License #: 058-_____ or Chicago License: _____

State Registration #: 055-_____

Authorized agents: (Those who are allowed to sign for permits. They must have a valid plumbing license, provide the city with a copy of the license and have a valid picture ID)

Name: _____ License# : 058-_____

Name: _____ License #: 058-_____

Name: _____ License #: 058-_____

Signature of License Holder

Date