

VILLAGE OF MANHATTAN

260 MARKET PLACE, MANHATTAN, IL 60442

P: 815-418-2042 F: 815-478-5103

INSPECTION HOTLINE: 815-418-2060

BUILDING@VILLAGEOFMANHATTAN.ORG

CONTRACTOR'S REGISTRATION GUIDELINES

All general contractors and subcontractors desiring to engage in business within the corporate limits of the Village of Manhattan must be registered.

REGISTRATION FEES

All registrations expire one year from the date that you register.

\$150.00	General Contractor
\$100.00	Sub-Contractor
\$0.00	Plumbing & Irrigation

INSURANCE REQUIREMENTS

A CERTIFICATE OF INSURANCE must be submitted with the Contractor's Registration Application.

COI must list Village of Manhattan as a certificate holder:

	Village of Manhattan 260 Market Place Manhattan, Illinois 60442
Bodily Injury Liability	\$300,000
Property Damage Liability	\$100,000
Workers' Compensation	As Required by the Industrial Commission of Illinois

If your **insurance expires** during the term of registration, a renewal certificate must be mailed to the village, or the registration will be suspended.

LICENSE REQUIREMENTS

Plumbing: 055 (Contractor), 058 (Plumber) or Chicago Journeyman

Electrician: Electrical License, Electrical Contractor Certificate

Irrigation: 055, 058 or 060

Roofing: State Roofing License

BOND REQUIREMENTS

The Village of Manhattan **no longer** requires a permit bond.

LIABILITY FOR DAMAGE TO VILLAGE PROPERTY

I understand the Village of Manhattan will be inspecting any project throughout the installation process. I also understand that any damage to Village Property is the responsibility of the Contractor/Sub-Contractor. Miscellaneous permits will not be closed out until improvements have been satisfactorily completed. If the Contractor/Sub-Contractor does not repair the damage, then they will be prohibited from performing work in the Village of Manhattan.

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CONTRACTOR'S REGISTRATION APPLICATION

BUSINESS NAME _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

APPLICANT'S NAME: _____

CONTACT NAME: _____

CHECK ONE: ☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ Other

TYPE OF CONTRACTOR: _____ NO. OF EMPLOYEES: _____

IF A SUB-CONTRACTOR, NAME OF PROJECT GENERAL CONTRACTOR: _____

PLUMBERS, ROOFERS AND ALL OTHER CONTRACTORS REQUIRED TO BE REGISTERED WITH THE STATE OF ILLINOIS, MUST PROVIDE A COPY OF THEIR ILLINOIS STATE LICENSE.

ILLINOIS STATE LICENSE NO.: _____

INSURANCE AGENTS

GENERAL LIABILITY: _____ PHONE: _____

WORKERS' COMP: _____ PHONE: _____

I understand the Manhattan building codes and inspection requirements. I understand that I will be placed on the Village of Manhattan's contractor list, and I authorize the release of my company name, address, and telephone number to third party requestors.

SIGNATURE: _____

OFFICE USE ONLY:

INSURANCE RECEIVED: _____

LICENSE RECEIVED: _____

FEE PAID: _____

REGISTRATION NO.: _____