



VILLAGE OF LAKE ZURICH FIRE RESCUE DEPARTMENT

FIRE PREVENTION BUREAU

1075 OLD MCHENRY ROAD, LAKE ZURICH, ILLINOIS 60047

PHONE: 847.540.5073 • WWW.LZFIRERESCUE.ORG

JOHN M. BZDUSEK SR., DEPUTY FIRE MARSHAL

Fire Suppression System Contractor Registration Application 2014

Contractors' registration fee of **\$100.00** must be submitted with this application.

Make checks payable to the **Village of Lake Zurich**.

- **Fire Sprinkler** companies must provide with the registration proof of State license as a Fire Sprinkler Contractor as required in 225 ILCS 317.
- **Other Fire Suppression** companies must provide with the registration certification of training by the manufacturer of the system, appropriate NICET certification, or other proof of qualification to inspect, design, alter, or repair a specific fire alarm or suppression system.
- **All Fire System Contractors** must provide a copy of an original Drivers License of the Owner or Corporate Officer.

Date of Application: _____

Fire Protection (circle all that apply): Sprinkler Other Suppression

Company Name: _____

Street Address (No P.O. Box) _____ City _____ State _____

Telephone Number: _____ FAX Number: _____

E-Mail Address: _____

Owners or Corporate Officer Name _____

Home Street Address (NO P.O. Box) _____ City _____ State _____

Telephone Number _____ Cell Number _____

Drivers License Number _____ State _____

Please list 3 other communities that you have worked in:

1. _____ 2. _____

3. _____

PLEASE COMPLETE OTHER SIDE

VILLAGE OF LAKE ZURICH FIRE RESCUE DEPARTMENT

321 S. BUESCHING ROAD, LAKE ZURICH, ILLINOIS 60047-3226

PHONE: 847.540.5070 • WWW.LZFIRERESCUE.ORG

DAVID P. WHEELock, FIRE CHIEF/DIRECTOR

I affirm that the information is correct, and further I understand that the issuance of the registration is dependent upon my compliance with all regulations and ordinances in the Village of Lake Zurich. I affirm that I will secure the appropriate and necessary building permits required by the Village of Lake Zurich before undertaking any construction.

Applicants Signature _____ Date _____

<p>Office Use Only:</p> <p>REVIEWED BY: _____ OK <input type="checkbox"/> RETURN <input type="checkbox"/> DATE _____</p> <p>TYPE OF REGISTRATION: _____</p> <p>CR# _____ 2014 Registration # _____</p> <p>APPLICATION DATE: _____ EXPIRATION DATE: _____</p> <p>OTHER RECEIPT INFORMATION: _____</p> <p>CHECK #: _____ CASH: _____ INITITALS: _____</p>
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