



VILLAGE OF PARK FOREST, ILLINOIS  
BUILDING DEPARTMENT  
Verification of State Plumbing License  
Phone: 708/503-7703  
Fax: 708/748-4355

Name of Company \_\_\_\_\_

STATE LICENSED PLUMBER  
ONLY

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Type \_\_\_\_\_ Original \_\_\_\_\_ Renewal \_\_\_\_\_ Number of Employees \_\_\_\_\_

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**STATE PLUMBING LICENSE: A copy of the State Plumbing License is required to be submitted with this form in order to verify that Plumber or Plumbing Contractor is license by the state.**

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I (we) affirm that the statements contained in the application are true and correct to the best of my knowledge and belief and I (we) agree to comply with all applicable State and Village laws, ordinances and regulations while working on contracts valid within the jurisdiction of the Village of Park Forest.

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_

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This application has been checked for verification by the State Plumbing license:

\_\_\_\_\_ Dept. \_\_\_\_\_ Date \_\_\_\_\_