

## SUB-CONTRACTOR LIST

Village of Hanover Park Inspectional Services Division  
(630) 823-5860 [inspectionalservice@hpi.org](mailto:inspectionalservice@hpi.org) Fax (630) 823-5782

**NOTE: ALL CONTRACTORS MUST BE REGISTERED AND BONDED WITH THE VILLAGE CLERK'S OFFICE BEFORE THE ISSUANCE OF A BUILDING PERMIT.**

**ELECTRICIAN:** (Must be licensed by an Illinois community that tests Electricians)

Name of Firm: \_\_\_\_\_  
Address of Firm: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLUMBER:** (Must be licensed by the State of Illinois or City of Chicago & submit a letter of intent)

Name of Firm: \_\_\_\_\_  
Address of Firm: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**ROOFER:** (Must be licensed by the State of Illinois)

Name of Firm: \_\_\_\_\_  
Address of Firm: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**CONCRETE:**

Name of Firm: \_\_\_\_\_  
Address of Firm: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**MASON:**

Name of Firm: \_\_\_\_\_  
Address of Firm: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PLASTER-DRYWALL:**

Name of Firm: \_\_\_\_\_  
Address of Firm: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**GLAZER:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**HVAC:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**SEWER:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**EXCAVATOR:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**CARPENTER:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**ASPHALT:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**OTHER:**

Name of Firm: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_