

PLUMBING PERMIT APPLICATION

Date _____

The undersigned hereby makes application for a permit to provide plumbing services

at: _____ by _____
address of project company and contractor name performing the work

Illinois plumbing license # _____ Illinois Contractors License # _____

Supervising plumber (if different from above) _____

Is applicant the owner of property described? ☐ Yes ☐ No

BUILDING CODE REQUIREMENTS: If such application is made by a person other than the owner in fee, it shall be accompanied by a duly verified affidavit of the owner in fee that the person making the application is authorized to make application.

If the applicant is not the owner in fee of the property described; give name and contact information of owner in fee:

Name _____ Contact Information _____

Give a brief description of proposed project stating type of project contemplated, or any unusual details regarding said project:

Bid Amount / Estimated Cost of Project \$ _____

Business Name _____ Address _____

Phone: _____ Email: _____

This is used to send you a copy of your permit

Typed Signature _____

CALL FOR INSPECTION WHEN READY FOR EACH PHASE (UNDERGROUND, ROUGH IN, AND FINAL) | 217-234-7367**THIS PERMIT EXPIRES SIX (6) MONTHS FROM ISSUED DATE IF CONSTRUCTION HAS NOT STARTED****OFFICE USE ONLY BELOW**

PERMIT NO. _____

ISSUED/PAID DATE _____

Permit Fee Calculation: _____ PERMIT FEE _____

ISSUED BY: _____

UNDERGROUND SLAB INSPECTED BY _____ DATE _____

ROUGH IN INSPECTED BY _____ DATE _____

FINAL INSPECTED BY _____ DATE _____
