

**APPLICATION FOR PLUMBING PERMIT
CITY OF ZION, ILLINOIS
BUILDING DEPARTMENT
(847) 746-4018**

JOB LOCATION: Number and Street: _____

PROPERTY OWNER: _____ **PHONE:** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GENERAL CONTRACTOR: _____ **PHONE:** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLUMBING CONTRACTOR: _____ **PHONE:** _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Best email contact: _____

PLEASE INDICATE THE NUMBER OF FIXTURES:

- | | |
|----------------------|--|
| _____ Kitchen sink | _____ Slop sink |
| _____ Toilet bowl | _____ Lavatory |
| _____ Urinal | _____ Bath tub |
| _____ Shower bath | _____ Sprinkler head |
| _____ Laundry tub | _____ Hot water heater (expansion tank required) |
| _____ Water softener | _____ Floor drain |
| _____ Sump pump | _____ Check valve |

REPAIR DETAILS AND/OR OTHER DETAILS OF CONSTRUCTION:

TOTAL ESTIMATED VALUE OF WORK, COMPLETED: \$ _____

If no work is performed hereunder within six months from the date a permit is issued or if the work is not completed within one year from the date a permit is issued, the plumbing permit shall expire by limitation as provided by City code. The undersigned applicant agrees to comply with all provisions of the plumbing ordinance of the City of Zion and with the provisions of all other law relating to the erection, repair, and alteration of buildings in effect at the date of the permit issued hereunder. The said applicant herewith agrees not to make any changes in the plans or specifications, as approved, without first obtaining further approval for such changes from the building inspector.

Signature of Licensed Plumber

Date

(for office use only)

PERMIT NO. PL- _____ - _____

DATE PERMIT ISSUED: _____

PERMIT FEE: _____