



Permit #: _____
Fee: _____

Plumbing Only Application

Property Address _____

Owner _____

E-Mail Address _____ Phone _____ Fax _____

Plumbing Contractor* _____

E-Mail Address _____ Phone _____ Fax _____

IMPORTANT – PLUMBER MUST HAVE A VALID STATE OF ILLINOIS LICENSE ON FILE (055)

* Per the State of Illinois, plumbing work requiring a permit, may only be installed by a State of Illinois registered plumber or by the owner occupant/applicant of the single family residence that is the subject of the permit & on each permit that contains plumbing work. A stamped or sealed "Letter of Intent" must be submitted by the plumber of record.

Primary Contact * _____

E-Mail Address _____ Phone _____ Fax _____

* All plan review correspondence shall be sent to the Primary Contact via email. The Primary contact will also be notified once the permit has been approved and is ready for issuance (pick-up).

Description of Work:

* BE ADVISED THAT BACKFLOW TEST REPORTS ARE REQUIRED TO BE SUBMITTED TO BSI ONLINE.

Scheduling of Inspections:

Please contact the Permit Desk at 847-664-4050 in order to schedule required inspections.
If you have plumbing related questions, please contact Plumbing Inspector at 847-664-4062.

Office Use:

Comments: _____

Reviewer: _____ Approval Date: _____