

ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480 708-467-3700 | FAX 708-467-3710 CONTACT@WILLOWSPRINGS-IL.GOV

## **PLUMBING PERMIT APPLICATION**

PERMIT #\_\_\_\_\_

	Job Address:					
Location of Work and Owner Information:	Owner/Business Name:					
	Real Estate Index No. (PIN):					
	Owner Phone:					
Describe plumbing work being done:						
Cost of Work:	\$					
Туре:	Residential Industrial Commercial Medical Office					
	Business Name:		CR#:			
Contractor Information:	Business Address:			Lic Exp:		
	Contact Name:		055-	055-		
	Phone:	Email:				
List the quantities for all fixtures being replaced/installed. Write in fixtures not listed.						
Quantity FEE (Village Use) Quantity FEE (Village Use) Quantity FEE (Village Use)						
WATER HEATER	BATHTUB/SHOWER		DISHWASHER			
DRAIN TILE	LAVATORY		WASHER			
LAWN SPRINKLER (REQUIRES ADDITIONAL PERMIT)	WATER CLOSET		FOUNTAIN			
FLOOR DRAINS	URINAL		SUMP PUMP EJECTOR			
LAUNDRY TRAY MOP SERVICE SINK	SINK					
Plumbing Contractor:   I, the Owner/Agent/Contractor, for the above property hereby apply to the Village of Willow Springs, IL for a permit to erect, alter, construct or enlarge described, and if granted the permit applied for, agree to comply with all a thereto by such ordinances, including but not limited to paying the fees reinspections. I hereby agree to comply with the applicable Plumbing Code				ure or part there f the village ordi requesting nece y the Village of V	eof herein inances relating essary Willow Springs.	
Note* A Letter of Intent on the contractor's letterhead is required will <i>all</i> plumbing permits. Corporations must have the corporate seal affixed. All others must be notarized.						
Applicant Printed Name Date Signature Date Date						