



PLUMBING PERMIT APPLICATION

CITY OF ALTON, ILLINOIS

Department of Building and Zoning

101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3533

Fax: (618) 463-0972

E-mail: permits@cityofaltonil.com

Website: www.cityofaltonil.com

DATE: _____

STATE PLUMBING LICENSE#: _____

STATE FIRE MARSHAL LICENSE#: _____

BUILDING LOCATION: _____

OWNER: _____ PHONE: _____

OWNER ADDRESS: _____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR ADDRESS: _____

FEE: \$45.00

___ LAVATORY

___ CLOTHES WASHER

___ SANITARY SUMP PUMP

___ BATHTUB

___ LAUNDRY TUB

___ SEPTIC TANK

___ SHOWER

___ WATER HEATER

___ WATER LINE

___ TOILET

___ DRINKING FOUNTAIN

___ FIRE SPRINKLER SYSTEM*

___ URINAL

___ SERVICE SINK

___ PRIVATE FIRE HYDRANT*

___ KITCHEN SINK

___ FLOOR DRAIN

___ HOOD SUPPRESSION SYSTEM*

___ DISHWASHER

___ OIL INTERCEPTOR

___ OTHER (Specify) _____

___ DISPOSAL

___ GREASE TRAP

*Requires plans, shop drawings and/or cut sheets to be sent to the Fire Department.

This permit is granted on the express condition that the said work shall, in all respects, conform

to the Ordinances of the City of Alton, regulating Plumbing and or Fire Suppression System

Installations, and may be revoked at any time upon the violations of any of the provisions of said Ordinances.

The Applicant hereby agrees to notify the Department of Building & Zoning when the mechanical installation has been completed and is ready for inspection by the City Plumbing or Fire Inspector.

SIGNATURE: _____

PERMIT #: _____ FEE: \$45.00 DATE: _____

APPROVED BY: _____