

DEPARTMENT OF BUILDING & ZONING
CITY OF ALTON, ILLINOIS
618-463-3532

PLUMBING PERMIT APPLICATION

DATE: _____

STATE PLUMBING LICENSE #: _____

BUILDING LOCATION: _____

OWNER: _____ PHONE: _____

ADDRESS: _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____

FEE: \$45.00

___ LAVATORY

___ BATHTUB

___ SHOWER

___ TOILET

___ URINAL

___ KITCHEN SINK

___ DISHWASHER

___ DISPOSAL

___ CLOTHESWASHER

___ LAUNDRY TUB

___ WATER HEATER

___ DRINKING FOUNTAIN

___ SERVICE SINK

___ FLOOR DRAIN

___ OIL INTERCEPTOR

___ GREASE TRAP

___ SANITARY SUMP PUMP

___ SEPTIC TANK

___ SPRINKLER HEAD

___ WATER LINE

___ OTHER; SPECIFY: _____

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 Installations, and may be revoked at any time up 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 Inspector.

SIGNATURE: _____

PERMIT #: _____ FEE: _____ DATE: _____

APPROVED BY: _____