



RESIDENTIAL PLUMBING PERMIT APPLICATION

INSPECTIONS DEPARTMENT

121 11TH STREET, SILVIS, IL 61282

OFFICE HOURS: MON-FRI 8:00-9:00 AM, 12:00-1:00 PM or By Appointment

Section 1 – PROJECT INFORMATION

Project Address: _____

Owner Name: _____ Owner Phone: _____

Description of Work Proposed: _____

Section 2 – VALUATION – PERMIT FEE

Estimated Total Cost: \$ _____ ** All applications must provide an estimated cost Permit Fee: \$ _____

Section 3 – CONSTRUCTION DETAILS

Check One	Fee	Fixture	Qty
<input type="checkbox"/> Water Main Tap or Repair	\$25 flat fee	Water Closet	
<input type="checkbox"/> Sewer Main Tap or Repair	\$25 flat fee	Bath Tub	
<input type="checkbox"/> Gas Piping	\$20 flat fee	Sink	
<input type="checkbox"/> Gas or Electric Water Heater	\$25 flat fee	Shower	
<input type="checkbox"/> Gas Utility Turn on	\$25 flat fee	Dishwasher	
<input type="checkbox"/> RPZ Installation, Repair or Testing	\$30 flat fee	Lavatory	
<input type="checkbox"/> Drain Cleaning	\$5 per unit	Disposal	
<input type="checkbox"/> Lawn Sprinkler System Install or Repair	\$50 flat fee	Floor Drain	
<input type="checkbox"/> Fixtures – Select from List on Right	\$25 for first 2, \$10 each additional	Whirlpool Tub	

Section 4 – GENERAL INFORMATION

- Excavation for plumbing utilities in City Right of Way may require separate Excavation Permit
- All Plumbing permits for Rental, Commercial, or any other non-owner occupied properties must be submitted by a State of Illinois Licensed and Registered Plumbing Contractor.

Section 5 – APPLICANT INFORMATION

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

Applicant or Company Name: _____

APPLICANT TYPE (check one)	
<input type="checkbox"/>	Contractor (Registered with Silvis)
<input type="checkbox"/>	Property Owner (Owner of Legal Record)
<input type="checkbox"/>	Authorized Agent (Written Auth. From Owner)

Applicant or Company Address: _____

Applicant or Company Phone Number: _____

APPLICANT SIGNATURE: X _____ Date: _____