



(630) 766-5133

THE CITY OF WOOD DALE

Fax (630) 787-3758

404 N WOOD DALE RD WOOD DALE, IL 60191

PLUMBING PERMIT APPLICATION MUST SUBMIT COPY OF CURRENT STATE PLUMBING LICENSE AND REGISTRATION

The undersigned does hereby request a permit to install, alter, or repair plumbing fixtures or equipment per Illinois State Plumbing Code. It is agreed by the undersigned to make such plumbing install, alter or repair plumbing fixtures or equipment in strict compliance with the Illinois State Plumbing Code.

ADDRESS OF WORK

OWNER, TENANT OR COMPANY NAME

CONTRACTOR NAME

ADDRESS CITY STATE ZIP

SIGNATURE OF CONTRACTOR

PHONE

TOTAL COST OF JOB _____

# _____ Water Closets	# _____ Urinals	# _____ Lavatories	# _____ Bath Tubs
# _____ Shower Stalls	# _____ Sinks	# _____ Laundry Trays	# _____ Floor Drains
# _____ Dish-Washers	# _____ Disposals	# _____ Water Softener	# _____ Water Heater
# _____ Sump Pump	# _____ Sewer Eject	# _____ Fountains	# _____ Grease Trap
# _____ Triple Basin	# _____ Roof Drain	# _____ RPZ	# _____ Lawn Irrigation

Water Service Size if Applicable _____

Additional Information _____

Office Use Only

PERMIT # _____

DATE: _____

ILL. LICENSE EXP. _____

FEE: _____

ILL. REGISTRATION EXP. _____

APPROVED BY: _____

CONTRACTORS/HOMEOWNER MUST CALL FOR INSPECTIONS, 24 HOUR NOTICE REQUIRED (630) 766-5133