



**I l l i n o i s**

**Permit Application**

**ELECTRICAL PLUMBING**

**MECHANICAL**

Health – Building – Zoning Dept.  
401 E Third Street  
PHONE 309-852-2371 FAX 309-856-6001

Date \_\_\_\_\_ Job Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Improvement Type**

**Proposed Use**

|                                     |                                      |                                      |  |                                      |  |
|-------------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> New        | <input type="checkbox"/> Replacement | <input type="checkbox"/> Assembly    | <input type="checkbox"/> Factory       | <input type="checkbox"/> Mercantile  | <input type="checkbox"/> Utility/Other |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Other       | <input type="checkbox"/> Business    | <input type="checkbox"/> High Hazard   | <input type="checkbox"/> Residential |  |
| <input type="checkbox"/> Alteration |                                      | <input type="checkbox"/> Educational | <input type="checkbox"/> Institutional | <input type="checkbox"/> Storage     |  |

Contractor's Name \_\_\_\_\_ License Number \_\_\_\_\_ Phone \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLUMBING**

**ELECTRICAL/MECHANICAL**

| Item            | Number | Job Description |
|-----------------|--------|-----------------|
| Water Heater    |        |                 |
| Water Closet    |        |                 |
| Lavatory        |        |                 |
| Tub/Shower      |        |                 |
| Shower          |        |                 |
| Sink            |        |                 |
| Urinal          |        |                 |
| Floor Drains    |        |                 |
| Vents           |        |                 |
| Backflow Device |        |                 |
|                 |        |                 |
|                 |        |                 |
|                 |        |                 |

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS APPLICATION IS SUBMITTED.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Estimated Cost of Job \_\_\_\_\_

Signature of Contractor – Owner – Authorized Representative