



**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"/>	<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