



# **Plumbing Permit Application**

**CITY OF ALTON, ILLINOIS**

**Department of Code Enforcement**

101 E Third • Suite 202 • Alton, Illinois 62002

Telephone: (618) 463-3533

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E-mail: [permits@cityofaltonil.gov](mailto:permits@cityofaltonil.gov)

Website: [www.cityofaltonil.gov](http://www.cityofaltonil.gov)

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STATE PLUMBING LICENSE #: \_\_\_\_\_

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FEE: \$50.00

<input type="checkbox"/> LAVATORY	<input type="checkbox"/> CLOTHES WASHER	<input type="checkbox"/> SANITARY SUMP PUMP
<input type="checkbox"/> BATHTUB	<input type="checkbox"/> LAUNDRY TUB	<input type="checkbox"/> SEPTIC TANK
<input type="checkbox"/> SHOWER	<input type="checkbox"/> WATER HEATER	<input type="checkbox"/> WATER LINE
<input type="checkbox"/> TOILET	<input type="checkbox"/> DRINKING FOUNTAIN	<input type="checkbox"/> FIRE SPRINKLER SYSTEM
<input type="checkbox"/> URINAL	<input type="checkbox"/> SERVICE SINK	<input type="checkbox"/> PRIVATE FIRE HYDRANT
<input type="checkbox"/> KITCHEN SINK	<input type="checkbox"/> FLOOR DRAIN	<input type="checkbox"/> HOOD SUPPRESSION SYSTEM
<input type="checkbox"/> DISHWASHER	<input type="checkbox"/> OIL INTERCEPTOR	OTHER (SPECIFY) _____
<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> GREASE TRAP	_____

**FOR ANY FAILED PLUMBING INSPECTIONS THERE WILL BE A \$35.00 REINSPECTION FEE**

- Requires plans, shop drawings and/or cut sheets to be sent to Fire Department

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 and or Fire Suppression System Installations, and may be revoked at any time upon the violations of any of the provisions of said Ordinances.

The Applicant hereby agrees to notify the Department of Code Enforcement when the plumbing installation has been completed and is ready for inspection by the City Plumber or Fire Inspector.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_