



Village of
WILLOWBROOK
COMMUNITY DEVELOPMENT

835 Midway Drive, Willowbrook, IL 60527
Phone: (630) 920-2240
Fax: (630) 920-2489
bzadmin@willowbrook.il.us

Permit Number:

Project Address:

PLUMBING PERMIT

THE PERMIT ISSUED ON THIS PLUMBING APPLICATION WILL AUTHORIZE ONLY THE WORK SPECIFIED BELOW.
THE PLUMBING CONTRACTOR MUST GIVE COMPLETE INFORMATION AS INDICATED BELOW.

ENTER THE TOTAL NUMBER OF FIXTURES BEING PROPOSED / INSTALLED:

Tub(s) / Shower(s)		Water Heater(s)		Urinal(s)		Water Pumps	
Shower Stall(s)		Water Softener(s)		Bidet(s)		Back Flow Preventers (RPZ)	
Lavatories / Sinks		Laundry Tub(s)		Grease Trap(s)		Triple Basin	
Toilet(s) (Standard Flush)		Floor Drain(s)		Drinking Fountain(s)		Parking Lot Drains	
Toilet(s) (Flushometer)		Sump Pump(s)		Lawn Irrigation System		Inside Downspouts	
Kitchen Sink(s)		Sewage Ejector(s)		Number of heads:		Other:	
Garbage Disposal(s)		Other:		Swimming Pool(s)		Other:	
Dishwasher(s)		Other:		<input type="checkbox"/> Above <input type="checkbox"/> Below Ground		Total Fixtures:	

**INTERIOR PLUMBING CONTRACTOR INFORMATION
(TO BE COMPLETED BY THE CONTRACTOR):**

FOR OFFICE USE ONLY

Business Name:

INTERIOR PLUMBER

Business Owner (Print Name):

- 055 State Plumbing License
 Notarized Letter of Intent

PLUMBING PERMIT FEE: \$

Inspected by:

Date:

Street Address:

City:

State:

Zip:

State of Illinois Plumbing License Number:

Bond Company:

Bond #:

Phone (office):

Fax:

Phone (mobile):

E-mail:

Description of interior plumbing work:

AUTHORIZATION (Signatures & Names are Required to Proceed)

SIGNATURE OF SUPERVISING INTERIOR PLUMBER: (REQUIRED TO PROCEED)

DATE

PRINTED NAME:

**WATER SERVICE & SEWER PLUMBER INFORMATION
(TO BE COMPLETED BY THE CONTRACTOR):**

FOR OFFICE USE ONLY

Business Name:

WATER SERVICE & SEWER PLUMBER

Business Owner (Print Name):

- 055 State Plumbing License
 Notarized Letter of Intent

PLUMBING PERMIT FEE: \$

Inspected by:

Date:

Street Address:

City:

State:

Zip:

State of Illinois Plumbing License Number:

Bond Company:

Bond #:

Phone (office):

Fax:

Phone (mobile):

E-mail:

Description of Water Service work:

Public Water Yes No

Public Sewer Yes No

Water service size

IN.

Water meter size

IN

AUTHORIZATION (Signatures & Names are Required to Proceed)

SIGNATURE OF SUPERVISING SERVICE & SEWER PLUMBER: (REQUIRED TO PROCEED)

DATE

PRINTED NAME:

THIS PERMIT IS HEREBY GRANTED WITH THE UNDERSTANDING THAT THE CONTRACTOR SHALL CONSTRUCT THE WORK IN ACCORDANCE WITH THE DESCRIPTION SET FORTH IN THE APPLICATION, PLANS & SPECIFICATIONS; AND THAT ALL GENERAL AND DETAILED WORK CONNECTED WITH SUCH INSTALLATIONS, ALTERATIONS, AND REPAIR OF ANY SUCH PLUMBING SHALL BE DONE IN STRICT COMPLIANCE WITH THE ADOPTED CODE AND ORDINANCES OF THE VILLAGE OF WILLOWBROOK.

IT IS HEREBY REQUIRED THAT THE PLUMBER SHALL HAVE COMPLETED THE ROUGHING IN OF THE PLUMBING AND SHALL HAVE TESTED THE WORK BEFORE REQUESTING A PLUMBING INSPECTOR. IT SHALL BE THE DUTY OF THE PLUMBING CONTRACTOR OR HIS AUTHORIZED AGENT TO BE IN ATTENDANCE AT THE TIME OF THE INSPECTION BY THE PLUMBING INSPECTOR AND/OR BUILDING INSPECTOR.

THE REQUEST FOR AN INSPECTION SHALL BE MADE AT LEAST 24 HOURS IN ADVANCE OF SUCH REQUESTED INSPECTION.

THE RESTORATION OF ALL WORK IN THE PUBLIC RIGHT-OF-WAY SHALL BE COMPLETED WITHIN FIFTEEN (15) DAYS AFTER WORK BEGINS.

THE APPLICANT HEREBY CERTIFIES TO THE CORRECTNESS OF THE ABOVE & AGREES TO INSTALL, ALTER, OR REPAIR THE ABOVE PLUMBING IN STRICT COMPLIANCE WITH THE ADOPTED CODE AND ORDINANCES OF THE VILLAGE OF WILLOWBROOK THERETO.