

**APPLICATION FOR
PLUMBING PERMIT**

**CITY OF SPRINGFIELD
BUILDING AND ZONING DEPARTMENT
SPRINGFIELD, ILLINOIS 62701-1625
PHONE (217)789-2171 FAX (217)789-2048**



PROJECT ADDRESS: _____ PERMIT # _____

OWNER: _____

ADDRESS: _____ PHONE # _____

CONTRACTOR: _____

ADDRESS: _____ PHONE # _____

FAX # _____

BUILDING USE:

_____ Industrial _____ Commercial _____ Single Family _____ Duplex _____ Multi-Family
_____ Other _____ # of Units

Existing: _____ New: _____ Mobile Home: _____

Square Feet of Building: _____ Number of Stories: _____

Enter the Number of Fixtures Being Installed, Replaced, or Repaired					
** = Fixtures which require permit fee of \$5.00 each, Minimum \$20.00					
Tubs/Showers	**		Drinking Fountains	**	Backflow Preventors
Shower Stalls	**		Floor Drains	**	Roof Drains
Lavatories	**		Water Heaters		Inside Downspouts
Toilets	**		Water Softners		Swimming Pools
Urinals	**		Sewage Ejectors		
Sinks	**		Sump Pumps		
Laundry Tubs	**		Grease Traps		Standpipes (Y/N) (# Hose Outlets)
Washer Hook Up	**		Bidets	**	Fire Sprinklers (Y/N) (# of Heads)
Garbage Disposals			Boiler (# Horse Power)		Lawn Sprinklers (Y/N) (# of Heads)
Dishwasher			Gas Piping		TOTAL FIXTURES

Project Description: _____
FEE: _____

Owner or Agent Signature: _____

FOR OFFICE USE ONLY

Date Application Received _____

Date Issued _____

	Approved	Date	Disapprove	Date
Plumbing				
Plan Review				

Permit Fee \$ _____

Penalty Fee \$ _____

Total Fee \$ _____