



APPLICATION FOR PLUMBING PERMIT

To be accompanied by Contractor's LETTER OF INTENT and Owner's Letter awarding contract to Contractor.

***ALL SEPTIC APPLICATION MUST BE ACCOMPANIED WITH A PRIVATE SEWERAGE DISPOSAL SYSTEM BOND AND \$2.00 RECORDING FEE, PAYABLE TO THE COOK COUNTY CLERK AND THE HEALTH DEPARTMENT SEWAGE DISPOSAL APPROVAL NUMBER.**

PLEASE PRINT USE BLACK INK		Address of Installation (Number, Direction, Street, City, Zip Code)			Real Estate Index No.
Bldg. No.	Room No.	Floor No.	Job. No.	Property Owner Name:	
Address of Owner: (Number, Direction, Street, City, Zip Code)					Area Code/Telephone No.
Existing/Original Permit No.	Contractor:			Contractor Registration No.	
Address of Contractor: (Number, Direction, Street, City, Zip Code)					Area Code/Telephone No.

BELOW PLEASE FILL IN THE DESCRIPTION OF WORK

Bond Number:	Health Department Approval Number:			
Estimated Cost of Job\$	Authorized Signature/Date			
OFFICIAL USE ONLY				
PPE:	DATE:	PERMIT NO.	ZONING DIST.	FEE:
				\$

If you have any questions, please feel free to contact the Plumbing Department at (312) 603-0514