



Sangamon County Building & Zoning
PLUMBING APPLICATION
 Room 213, 200 S. Ninth Street, Springfield, IL 62701
 (217) 753-6760 or (FAX) 535-3194 zoning@co.sangamon.il.us

FOR OFFICE USE ONLY	
PERMIT#:	_____
PARCEL#:	_____
ZONING:	_____

OWNER INFORMATION

Owner Name: _____
 Owner Address/Zip: _____
 Phone#: _____
 Email: _____

PLUMBING CONTRACTOR

Owner Name: _____
 Owner Address/Zip: _____
 Phone#: _____
 Email: _____
 IL Plumber License #058-_____ IL Plumbing Contractors Registration# _____

PROJECT MANAGER

Owner Name: _____
 Owner Address/Zip: _____
 Phone#: _____
 Email: _____

Is home owner doing their own plumbing? Yes No (If answered Yes, then read and fill out the section below).

NOTICE REGARDING RESIDENTIAL PLUMBING WORK

This notice is being distributed with residential plumbing permit application to remind homeowners or make aware of a key requirement of the Illinois State Plumbing Code. This code requires all plumbing work, must be performed, by an individual or firm, licensed and registered to perform plumbing work, in the State of Illinois.

The only exception to this requirement is that homeowners may perform their own plumbing work for a single-family residence. They are to have the knowledge to perform the plumbing work and they will reside in that residence for at least 6 months after completion of the plumbing work. 1994 Illinois Plumbing Code 225 ILCS 320/3

If the homeowner subcontracts the plumbing work, a Plumbing Contractor licensed and registered with the Illinois Department of Public Health shall install it.

The undersigned agrees to the above requirements:

Signature: _____

Date: _____

NUMBER OF FIXTURES BEING INSTALLED, REPLACED OR REPAIRED

Tubs/showers		Drinking Fountains		Backflow Preventers	
Washing Machine		Grease Traps		Sinks	
Lavatories		Water Closets		Water Heaters	
Urinals		Dishwasher		Sewage Ejector	
Sump Pump		Pools			
Other:					

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature _____ Applicant Printed Name _____ Date _____

Applicant is: Building/property owner General Contractor Representative Tenant
 Other _____

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

OFFICE USE ONLY

RESIDENTIAL

Square Feet x \$7.00 x .007

Remodel/Alteration: Materials + Labor x .007

COMMERCIAL

Materials + Labor x .009

PLUMBING UPGRADE

Materials + Labor x .007

PROJECT COST ft.²:	
PERMIT FEE:	
PENALTY FEE:	
TOTAL FEE:	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Minimum Fee May Apply \$41.00 </div>	

Current Count Codes: Illinois State Plumbing Code with amendments 2006 International Residential Code