



200 West Douglas
Jacksonville, Illinois 62650-2094
(217) 479-4621
www.jacksonvilleil.com

FOR OFFICE USE ONLY

PERMIT #: _____
PARCEL#: _____
ZONING: _____

OWNER INFORMATION

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

PLUMBING CONTRACTOR

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

PROJECT MANAGER

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

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: _____

Inspector Signature: _____ Date: _____

PROJECT INFORMATION

Project Address or Parcel #: _____

NUMBER OF FIXTURES BEING INSTALLED, REPLACED OR REPAIRED

Bath Tubs/Shower		Grease Interceptor		Urinals	
Cross Connection Devices		Hot Water Heater		Washing Machines	
Dish Washers		Lavatories		Water Closets	
Floor Drains		Sewer Service		Water Services	
Garbage Disposals		Sinks			
Other: _____					

SCOPE OF WORK & PROJECT COST (materials & labor)

Please Explain Details:

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 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 cancelled 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.