

G O D F R E Y

I L L I N O I S

PLUMBING PERMIT

DATE: _____

ADDRESS OF PROJECT: _____

OWNER'S NAME: _____

ADDRESS: _____

PHONE/EMAIL: _____

PLUMBER NAME/ LICENSE #: _____

PHONE/EMAIL: _____

RETAIL COST AND DESCRIPTION OF PROJECT INCLUDING SITE PLAN, IF REQUIRED:

PLEASE ALLOW 48 HOURS FOR PLAN REVIEW. IF INSPECTION FAILS, RE-INSPECTION FEES MUST BE PAID BEFORE SCHEDULING FOLLOW-UP. INSPECTION APPOINTMENTS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY ALL PROPERTY LINES AND UTILITIES TO ENSURE REQUIRED SETBACKS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE SCHEDULE.

CALL JULIE LOCATE 800-892-0123 PRIOR TO ANY DIGGING

SIGNATURE OF APPLICANT: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.