

**DeKalb County**  
**Planning, Zoning, & Building Department**  
**110 East Sycamore Street**  
**Sycamore, IL 60178**  
**#: 815-895-7188 / Fax #: 815-895-1669**

<b>Office Use Only</b>
Permit No. _____
Fee _____
Receipt No. _____
Zoning District _____

## Application for a County Plumbing Permit

**Note: A plumbing permit may only be issued to a homeowner who is making improvements to his own property. If the property owner is not making his own improvements, or if the structure is a commercial, industrial, or multi-family structure, than a licensed and registered plumber is required to do the work.**

Application is hereby made for a building permit involving premises described under item 7 below.

1. Date of application \_\_\_\_\_
2. Applicant \_\_\_\_\_
3. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone Number \_\_\_\_\_
5. Interest in Property: Owner \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_
6. Owner of Record \_\_\_\_\_
7. Location of Property \_\_\_\_\_  
\_\_\_\_\_
8. Parcel Number \_\_\_\_\_
9. Existing Uses of Property \_\_\_\_\_

<b>Nature of Proposed Plumbing and Number of Fixtures:</b>			
Tub and/or Shower _____	Mop Sink _____	Dishwasher _____	Lavatories _____
Clothes Washer _____	Floor Drains _____	Water Closets _____	Water Heater _____
Kitchen Sink _____	Garbage Disposal _____	Water Conditioner _____	Landry Sink _____
Other _____	Total Number of Fixtures _____		

10. Estimated value of Improvement (Rounded to the nearest \$100) \_\_\_\_\_

**FEE MUST ACCOMPANY APPLICATION**

11. **Plumbing Contractor:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

License Number 058 - \_\_\_\_\_ Registration Number 055 - \_\_\_\_\_

The applicant's signature below indicates the information contained in this application and on any accompanying document is true and correct to the best of his/her knowledge. I affirm that the construction subject to this permit will not take place on any granted easement, public or private, nor violate any covenant, condition, or restriction applicable to the subject property.

In consideration of this application and the attached forms being made a part thereof, and the issuance of permit, I will conform to the regulations set forth in the County Zoning and Building Ordinances. I also agree that all work performed under said permit will be in accordance with the plans and plat diagram which accompany this application except for changes as may be authorized by the Building Officer, and that inspections will be conducted in accordance with the inspection procedure sheet.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Owner or Authorized Agent                      Date                      Received by