## **City of Streator**

204 S. Bloomington Street Streator, Illinois 61364 815/672-2517 Fax 815/672-7566



## **APPLICATION FOR A PLUMBING PERMIT**

The undersigned hereby applies for a permit to do the plumbing work or drain lying described as:																							
Permanent Parcel #																							
Type of Building:														_									
																							_
Ow	ner N	lame	:											_ P	hone	#:							_
Ow	ner A	ddre	ss: _																				_
Plui	nber:	:																					-
Plui	Plumber's Address:															_							
Applicants Signature:														-									
City Contractor Registration Number:  Permit will not be issued without registration number for contractor.																							
Fees per opening: \$15 (Residential Single Family)  \$25 (Residential Multiple Family & Commercial or Industrial)  In the following table state the number of openings at each category. Use reverse side for additional information.																							
Refrigerator	Sinks	Baths	Water Closets	Lavatory	Tank & Heater	Laundry Tray	Septic System	Floor Drains	Sewage Ejector	Drinking Fountain	dunS	Showers	Urinal	Catch Basin	Dishwasher	Humidifier	Garbage Disposal	Washing Machine	Special Wastes	Air Conditioner	Future Connection	Miscellaneous	
WORK NEEDS TO BE INSPECTED BEFORE THE UNDERGROUND AND ROUGH-IN IS DONE. THE CITY WILL HAVE TO MAKE A FINAL INSPECTION BEFORE THE WORK IS APPROVED.  All plumbing and fixtures will be installed in compliance with Streator Municipal Code Chapter 15.36.  Commercial and industrial users must annotate the reverse of this form information describing its wastewater constituents, characteristics, and type of activity.																							
Tota	al Per	rmit l	Fee: S	\$		Da	ite of	Pern	nit:				Perm	it Nıı	mber	••							
	Total Permit Fee: \$ Date of Permit: Permit Number:  Date of Final Inspection: Printed Name of Inspector:																						

Signature of Inspector: