



City of Streator

204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

Permit #: _____

PLUMBING PERMIT APPLICATION

Reference: Streator Municipal Code Chapter 3.48 & Chapter 15.36

Applicant Name: _____

Applicant Email: _____ Applicant Phone #: _____

Jobsite Address: _____

Property Owner: _____ Address: _____

Email: _____

Owner Primary Phone #: _____ Owner Secondary Phone #: _____ Occupancy Classification: _____

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	Sump	Showers	Urinal	Catch Basin	Dishwasher	Humidifier	Garbage Disposal	Washing Machine	Special Wastes	Air Conditioner	Future Connection	Miscellaneous	TOTAL

Plumber: _____ Plumber's Address: _____

City Contractor Registration Number: _____ Applicants Signature: _____

Permit will not be issued without Registration Number for contractor

**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.

Total Permit Fee: \$ _____ Date of Permit: _____

Date of Final Inspection: _____ Printed Name of Inspector: _____

Signature of Inspector: _____