

**APPLICATION FOR PLUMBING PERMIT
CITY OF O'FALLON
PLANNING AND ZONING DEPARTMENT
O'FALLON, IL
(618) 624-4500, Ext. 4**

Date: _____

Permit Number: _____

Address of proposed work: _____ Unit: _____

Type of structure: _____
(Residential or Commercial)

Name of property owner: _____ Phone: _____

Owner's complete mailing address: _____

Name of plumbing contractor: _____ Phone: _____

Plumbing contractor's mailing address: _____

Plumbing contractor's license number: _____

Description of proposed work: _____

Approximate Cost: _____

**INSPECTIONS MUST BE CALLED IN FOR ALL WORK PERFORMED.
APPLICANT HEREBY AGREES TO COMPLY WITH APPLICABLE CODES**

Applicant's Signature: _____

Inspector's Comments: _____

Approval by: _____

Permit Fee: \$ _____

Permit Issuance Date: _____