

APPLICATION FOR PLUMBING PERMIT
CITY OF O'FALLON
COMMUNITY DEVELOPMENT DEPARTMENT
O'FALLON, IL
(618) 624-4500, Ext. 4
Fax (618)624-4534

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:_____