



**City of Sycamore**  
**Building Department**  
 541 DeKalb Ave.  
 Sycamore, IL 60178  
 T#: 815-895-4434  
 F#: 815-895-7572  
[www.cityofsycamore.com](http://www.cityofsycamore.com)

<u>For Office Use Only</u>	
Permit No.:	_____
Zoning Dist:	_____
Date:	_____
Fee: \$	_____

**PLUMBING PERMIT APPLICATION**  
 (Print Clearly)

*This two (2) page application **MUST BE LEGIBLE, COMPLETE and ACCURATE.** Failure to do so will result in the rejection of the application and non-issuance of a City of Sycamore permit.*

SITE DATA					
SITE ADDRESS	_____				
TAX PARCEL #	_____	LOT	_____	SUBDIVISION	_____
ESTIMATED COST	\$ _____	DESCRIPTION OF WORK		_____	
		STREET OPENING (PLEASE CIRCLE)		YES	NO

	NUMBER OF FIXTURES
WATER CLOSET	_____
LAVATORY	_____
BATHTUB/SHOWER	_____
KITCHEN SINK	_____
DISHWASHER	_____
CLOTHES WASHER	_____
LAUNDRY SINK	_____
WATER HEATER	_____
GARBAGE DISPOSER	_____
WATER CONDITIONER	_____
FLOOR DRAIN	_____
SILCOCK	_____
OTHER	_____
<b>TOTAL FIXTURES</b>	_____

**NOTICE TO APPLICANT**

A plumbing permit will **ONLY** be issued to a State of Illinois Licensed Plumbing Contractor.

Copies of the Plumbing Contractor Registration Certificate and Plumbing License Certificate **ARE A REQUIRED ATTACHMENT** to this application.

PROPERTY OWNER INFORMATION					
OWNER	_____				
OWNER ADDRESS	_____			CITY/STATE/ZIP	_____
DAY PHONE	_____	CELL	_____	FAX	_____

<b>CONTRACTOR INFORMATION</b>		<b>REQUIRED ATTACHMENT: IL STATE CONTRACTOR'S LICENSE CERTIFICATE</b>			
COMPANY				LICENSE #	
CONTACT NAME					
ADDRESS				CITY/STATE/ZIP	
DAY PHONE		CELL		FAX	

<b>PLUMBER INFORMATION</b>		<b>REQUIRED ATTACHMENT: IL STATE PLUMBER'S LICENSE CERTIFICATE</b>			
COMPANY				LICENSE #	
CONTACT NAME					
ADDRESS				CITY/STATE/ZIP	
DAY PHONE		CELL		FAX	

**ORIGINAL SIGNATURES REQUIRED – FACSIMILES OR COPIES WILL NOT BE ACCEPTED**

I, the applicant, certify as the licensed plumbing contractor of this project, that the proposed work has been authorized by the owner of record and that I have been authorized to complete this application on the owner(s) behalf and that the information contained in this application is true and correct, and if a permit is issued to me, I agree to do or allow to be done only such work as herewith applied for and will conform to all of the codes, laws and ordinances of the City of Sycamore. I am familiar with the applicable ordinances and the provisions thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen and shall schedule all necessary inspections as they become due.

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_  
 Licensed Plumbing Contractor

**SIGNATURE:** \_\_\_\_\_  
 Licensed Plumbing Contractor