



**COMMUNITY DEVELOPMENT DEPARTMENT
PERMIT & INSPECTION DIVISION**
3600 Kirchoff Road Rolling Meadows IL 60008
(847) 506-6030 www.cityrm.org

APPLICATION FOR PLUMBING AND SEWER PERMIT

Job Site Address: _____ Apt./Suite No.: _____

Property Owner's/Tenant Name: _____ Owner's Phone: _____

Contractor's Business Name: _____

Contractor's Address: _____ City: _____ State: _____ Zip: _____

Plumber's Signature (original required) _____

Plumber's Name (please print) _____

Contractor's Phone No.: _____

State Lic. No.: _____

*** Please insert # of fixtures you are installing***

- | | | |
|---|---|--|
| <input type="checkbox"/> Backflow Preventor
<input type="checkbox"/> RPZ
<input type="checkbox"/> DDC
<input type="checkbox"/> Bathtub
<input type="checkbox"/> Regular Tub
<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Bidet
<input type="checkbox"/> Demolition
<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Disposal
<input type="checkbox"/> Drain Tile _____ feet (length)
<input type="checkbox"/> Drinking Fountain
<input type="checkbox"/> Ejector Pump
<input type="checkbox"/> Eye Washer
<input type="checkbox"/> Floor Drain
<input type="checkbox"/> Grease/Plaster Trap
<input type="checkbox"/> Health Care Spec. Fixture
<input type="checkbox"/> Kitchen Sink
<input type="checkbox"/> Bar Sink
<input type="checkbox"/> Food Prep. Sink | <input type="checkbox"/> Laundry Tray
<input type="checkbox"/> Lavatory (Bathroom Sink)
<input type="checkbox"/> Lawn Sprinklers
<input type="checkbox"/> _____ feet (length)
<input type="checkbox"/> Mop/Service Sink
<input type="checkbox"/> Open Site Drain
<input type="checkbox"/> Roof Drain
<input type="checkbox"/> Separator
<input type="checkbox"/> Septic System Replacement
<input type="checkbox"/> Septic System Repair
<input type="checkbox"/> Sewer Cleanout
<input type="checkbox"/> Sewer Replacement or Repair
<input type="checkbox"/> _____ diameter
<input type="checkbox"/> _____ feet (length)
<input type="checkbox"/> Sewer System
<input type="checkbox"/> Shower
<input type="checkbox"/> Silcock | <input type="checkbox"/> Storm Sewer
<input type="checkbox"/> _____ diameter
<input type="checkbox"/> _____ feet(length)
<input type="checkbox"/> Sump Pump
<input type="checkbox"/> 3 Compartment Sink
<input type="checkbox"/> Urinal
<input type="checkbox"/> Vending Machine Supply
<input type="checkbox"/> Vent Stack
<input type="checkbox"/> Waste & Vent Alteration
<input type="checkbox"/> Water Closet (toilet)
<input type="checkbox"/> Water Heater
<input type="checkbox"/> _____ gas _____ electric
<input type="checkbox"/> Water Distribution System
<input type="checkbox"/> Water Main Repair
<input type="checkbox"/> _____ diameter
<input type="checkbox"/> Water Piping Alteration
<input type="checkbox"/> Water Service Size
<input type="checkbox"/> _____ diameter
<input type="checkbox"/> _____ feet (length)
<input type="checkbox"/> Well |
|---|---|--|

Total # of Fixtures _____

Type	New	Alteration	Type	New	Alteration
Single Family	[]	[]	Commerical	[]	[]
Multi Family	[]	[]	Industrial	[]	[]

Having submitted plans and specifications, I hereby apply to the Community Development of the City of Rolling Meadows, IL for a permit. If this permit is granted, I will comply with all ordinances relating to the permit and pay all required fees. I will submit the work to the required inspections and prohibit the occupancy of any space until a Certificate of Occupancy has been obtained from the Community Development Department. No error or omission in either application or plans, whether said application or plans have been approved by the Community Development Department or not, shall permit or relieve the applicant from constructing the work in any manner than that provided for in the ordinances of the City relating thereto.

Applicant's Signature _____ If agent for the owner, I certify that I am duly authorized to apply on owner's behalf.

Date _____

Permit Authorized by _____

Date _____

Comments: _____

Total Fee \$ _____

Project #: _____

Permit #: _____