



Permit Application
Plumbing
 Inspection Division
 1528 Third Avenue, Rock Island, Illinois 61201
 Phone: (309) 732-2910 · Fax: (309) 732-2933
 Email: Inspection@rigov.org

FOR OFFICE USE ONLY	
Plumbing Permit No.	Permit Fee
	\$
Excavation Permit No.	Excavation Fee
	\$
Building Official Authorization Signature and Date:	
X _____	
Date of Authorization: _____	

Plumbing permits for rental, commercial or any other non-owner occupied properties must be submitted by a State of Illinois currently licensed and registered plumbing contractor.

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Description of Work Proposed: _____

Estimated Total Cost (required): _____

Section 3 PLUMBING DETAILS

QTY	FIXTURE	QTY	FIXTURE	QTY	FIXTURE
	Water Piping		Water Closet		Water Tap
	Water Heater		Bath Tub		Water Service
	Sink		Shower		R.P.Z. Valve
	Dishwasher		Lavatory		Sewer Connection
	Ice Maker		Urinal		Sewer Repair
	Disposal Unit		Floor Drain		Fire Head/Valves
	Grease Trap		Laundry		
			Water Softener		
			Gas Piping		Other:

Section 4 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF THE CITY OF ROCK ISLAND

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: X _____ **Date:** _____