

**Community Development Department** 4501 North 25<sup>th</sup> Avenue, Schiller Park, IL 60176 Phone: 847.671.8555 Fax: 847.671.9783

Email: CD@schillerparkil.us

## Plumbing Details/Supplement Page to "Building Permit" Application

Permit Number:	Date of Application:		
Description of Pro	posed Work		
(Choose whichever cate	gory applies with an "x" in that s Alteration Additi 	space)	
Type of Fixture, Ap	opliances, or Modificati	<u>ons</u>	
(Choose whichever cate	egory applies with an "x" in th	nat space)	
Water Closet(s)/Bidets:	Urinals:	Lavatories:	Tubs/Showers:
Spas/Jacuzzi Tubs: Laundry Tray/Sink: Washing Machine Trap:			
Utility Sink: F	loor Sink: Floo	or Drain: Ejector F	Pump:
Sump Pump:			
Back-Flow Prevention \	/alve (flapper):	RPZ Valve:	Triple Basin:
Man Hole/Catch Basin:	Other:		
Water heaters			
Size (gal.):	Output Rating (btu's):	/ Gas:	Electric:
Fire Suppression Syster	n		
No. of heads:	Sewer Tap (Size):	Water Tap	) (Size):
List comments or descr	iption of "other" plumbing re	lated work being done	
Contractor Company Name:		Phone Number:	
Address:	City/State:	Zip Code:	
Contractor's Name:	Con	tractor's Signature:	
******	************ Office Use (	Only *************	********
			Permit Fee \$:
	Permit Approved By:	Date of	Approval:

## **Plumbers will need to submit:**

- Current State License (055 License)
- Plumber's ID from on-site plumber
- General Liability & Workers Comp. Insurance listing:

Village of Schiller Park 4501 N 25<sup>th</sup> Ave. Schiller Park, IL 60176 as certificate holder

- Plumbing Permit Supplement Page to Building Permit Application
- Plans and/or plumbing schematics