

Plumbing Permit Application

City of Quincy
730 Maine St., 2nd Floor
Quincy, IL 62301
Phone: 217-228-4540



OFFICE USE ONLY

Date received: _____ Permit # _____

Date Issued: _____ By: _____ Receipt: _____

| TYPE OF WORK | |
|--|--|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |
| CATEGORY OF CONSTRUCTION | |
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |
| <input type="checkbox"/> Other: | |
| JOB SITE INFORMATION AND LOCATION | |
| Job site address: | |
| Suite/bldg./apt. no.: | |
| DESCRIPTION OF WORK | |
| | |
| | |
| | |
| <input type="checkbox"/> PROPERTY OWNER | <input type="checkbox"/> TENANT |
| Name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| CONTRACTOR | |
| Business name: | |
| Address: | |
| City/State/ZIP: | |
| Phone: | Fax: |
| E-mail: | License # 055- |

| FEE SCHEDULE | | | |
|--|--------|-----------|-------|
| <i>For special information, use checklist.</i> | | | |
| Description | Qty. | Ea. | Total |
| Site utilities | | | |
| Sanitary sewer (repair or new) | | 45.00 | |
| Water service (repair or new) | | 45.00 | |
| Fixture or item | | | |
| Backflow preventer | | 30.00 | |
| Water heater | | 30.00 | |
| Beverage vending machine | | 14.00 | |
| Clothes washer | | 14.00 | |
| Dishwasher | | 14.00 | |
| Drinking fountain | | 14.00 | |
| Floor drain/floor sink/hub | | 14.00 | |
| Garbage disposal | | 14.00 | |
| Grease interceptor | | 14.00 | |
| Hose bibb | | 14.00 | |
| Humidifier | | 14.00 | |
| Yard hydrant | | 14.00 | |
| Ice maker | | 14.00 | |
| Interceptor/grease trap | | 14.00 | |
| Primer | | 14.00 | |
| Sink/basin/lavatory | | 14.00 | |
| Tub/shower/shower pan | | 14.00 | |
| Urinal | | 14.00 | |
| Water closet | | 14.00 | |
| Water softener | | 14.00 | |
| Other: | | 14.00 | |
| Fee Type | Amount | Date Paid | |
| Permit Fee (minimum \$30) | | | |

Authorized signature: _____

| | |
|-------------|-------|
| Print name: | Date: |
|-------------|-------|

Approved by: _____
Plumbing Inspector