

Permit #: _____



PLUMBING

Building & Code Enforcement Division
164 E. Lincoln Hwy. – DeKalb, IL 60115
Phone: (815) 748-2070

CALL JULIE 800-892-0123, (24 HOURS A DAY, 365 DAYS A YEAR)

PLUMBING PERMIT APPLICATION

Project Address: _____

Project Valuation:

\$ _____

TYPE OF WORK: ☐ COMMERCIAL/INDUSTRIAL ☐ RESIDENTIAL

Will work be done in the public right of way? ☐ Yes ☐ No

- If work is to be performed in the public right of way, contractor must be registered with the City of DeKalb as a Street Construction & Maintenance Contractor.
- If work is to be performed in the street, a Traffic Control Plan must be submitted for review as well as a Street Repair Agreement.

☐ Water Service ☐ Lead Line Replacement ☐ Sanitary ☐ Storm ☐ Plumbing ☐ Water Heater

Description of Work: _____

Applicant to mark correct box below:

PROPERTY OWNER INFORMATION

Applicant ☐

Name: _____

Address: _____

Phone: _____ Email: _____

PLUMBING CONTRACTOR INFORMATION

Applicant ☐

Name: _____

Address: _____

Phone: _____ Email: _____

STREET CONTRACTOR INFORMATION (IF APPLICABLE)

Applicant ☐

Name: _____

Address: _____

Phone: _____ Email: _____

SIGNATURE OF APPLICANT:  _____ **Date:** _____