



City of Danville
Department of Community Development – Building Safety
APPLICATION FOR PLUMBING PERMIT

PROJECT ADDRESS: _____

OWNER'S NAME: _____ **OWNER'S ADDRESS:** _____

CONTRACTOR'S NAME: _____ **STATE LICENSE #:** _____

CONTRACTOR'S ADDRESS: _____

DESCRIPTION OF WORK: _____

COMPLETION DATE: _____ **TYPE OF STRUCTURE:** Residential Commercial/Industrial

BUILDING: New Existing **TYPE OF WORK:** New Repair Alteration Addition

IS THE PROJECT LOCATED WITHIN THE ENTERPRISE ZONE? Yes No

DOES THIS WORK TAKE PLACE IN THE PUBLIC RIGHT OF WAY? Yes No

(Example: Water Line Replacement, Sewer Tap/Repair, etc.)

DOES THIS WORK REQUIRE A NEW SEWER TAP? Yes No **If Yes:**

Items	Quantity	Descriptions	Fee
Restaurant/Culinary Sink			
Clinical Sink			
Dishwasher			
Garbage Disposal			
Waste Interceptor/Separator			
Floor Drain			
Hub/Stand-pipe Drain			
Drinking Fountain			
Clothes Washer			
Sewage Ejector			
Sanitary Sewer			
Water Service			
Water Closet			
Urinal			
Lavatory			
Shower/Bath Tub			
Kitchen Sink			
Utility/Service Sink			
Laundry Sink			
Bar/Beverage Sink			
Fire Safety Sprinkler (LTD area)			
Floor Sink/Receptor			
Water Htg. Equip./vessel			
Equip. Supply/Backflow Preventor			
Other			

SEWER TAP FEES

- Single Family Home \$750.00**
- Multi-Unit Housing \$375.00 (per unit)**
- Restaurant/Tavern \$2500.00**
- Other Businesses < 10,000 gross sq. ft \$1,000.00**
- Other Businesses > 10,000 gross sq. ft \$2,500.00**

APPLICANT UNDERSTANDS THAT THIS IS NOT A PERMIT BUT ONLY AN APPLICATION FOR A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT. NOTE: THE LAW REQUIRES THAT ALL WORK MUST BE INSPECTED AND APPROVED BEFORE IT IS CONCEALED. It is the sole responsibility of the permit holder to call the inspector and make arrangements at least 24 hours in advance for required inspections. Applicant certifies that all information given is correct and does hereby acknowledge that the work noted above will be in conformance with the codes and ordinances of the City of Danville and with the laws of the State of Illinois.

APPLICANT (please print) _____
SIGNATURE

PHONE # _____
EMAIL _____
APPLICATION DATE

-----*TO BE COMPLETED BY CITY STAFF*-----

Plumbing Permit Cost: \$_____ Sewer Tap Fee Cost: \$_____ **TOTAL PERMIT COST: \$_____**
 Payment - Check #: _____ Cash: Credit Card: Receipt # _____
 Permit Number Assigned: PLUM____ - _____