

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

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DEBORAH SIMS	5th Dist.	LARRY SUFFREDIN	13th Dist.
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EDWIN REYES	8th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
		ELIZABETH ANN DOODY GORMAN	17th Dist.



COOK COUNTY
BUREAU OF ECONOMIC DEVELOPMENT

DONALD H. WLODARSKI
COMMISSIONER

DEPARTMENT of BUILDING and ZONING

GEORGE W. DUNNE COOK COUNTY OFFICE BUILDING
69 WEST WASHINGTON, SUITE 2830

CHICAGO, ILLINOIS 60602-3171

TEL: (312) 603-0500

FAX: (312) 603-9940

TDD: (800) 526-0857

APPLICATION FOR PLUMBING PERMIT

To be accompanied by Contractor's LETTER OF INTENT and Owner's Letter awarding contract to Contractor.

***ALL SEPTIC APPLICATION MUST BE ACCOMPANIED WITH A PRIVATE SEWERAGE DISPOSAL SYSTEM BOND AND \$2.00 RECORDING FEE, PAYABLE TO THE COOK COUNTY CLERK AND THE HEALTH DEPARTMENT SEWAGE DISPOSAL APPROVAL NUMBER.**

PLEASE PRINT USE BLACK INK		Address of Installation (Number, Direction, Street, City, Zip Code)		Real Estate Index No.
Bldg. No.	Room No.	Floor No.	Job. No.	Property Owner Name:
Address of Owner: (Number, Direction, Street, City, Zip Code)				Area Code/Telephone No.
Existing/Original Permit No.	Contractor:			Contractor Registration No.
Address of Contractor: (Number, Direction, Street, City, Zip Code)				Area Code/Telephone No.

BELOW PLEASE FILL IN THE DESCRIPTION OF WORK

Bond Number:		Health Department Approval Number:	
Estimated Cost of Job\$		Authorized Signature/Date	

OFFICIAL USE ONLY

PPE:	DATE:	PERMIT NO.	ZONING DIST.	FEE: \$
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If you have any questions, please feel free to contact
Ciro Gaimari at (312) 603-0514
ciro.gaimari@cookcountyil.gov