



CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

Application for Plumbing Permit to Replace Existing Fixtures

PROJECT INFORMATION

Application Number _____

Description of Work: _____

PROPERTY INFORMATION Address: _____

APPLICANT/CONTACT INFORMATION: Building Owner Owner Occupied Tenant Managing Agent

Name: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Emergency Contact Name: _____

CONTRACTOR INFORMATION

License # _____

Contractor Company Name & License Holder's Name: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

FEE EXEMPTION REQUEST

If you have applied to have this project exempt from permit fees, please enter City Council information here.

Date Introduced: _____ Date Approved: _____ Journal No. _____

ADDITIONAL INFORMATION

Building Location: FRONT REAR GARAGE
(Check One)

Occupancy Class – select one

- A1 Residential
- A2 Residential
- B Institutional
- C1 Large Assembly
- C2 Small Assembly
- C3 School
- D Open Air Assembly
- E Business
- F Mercantile
- G1 Indust. Low Hazard
- G2 Indust. Med. Hazard
- H1 Storage Low Hazard
- H2 Storage Med. Hazard
- H3 Garage
- I Hazardous
- J Misc Building

Plumbing Fixtures

Type of Fixture	Model #	Location of Unit	# of Units

Hot Water Heaters

# of Units	Manufacturer	Size of Tank (Gallons)	Fuel Type Gas or Elec.	Model #	Location of Tank

Applicant Signature _____ **Date** _____

Office Use Only:

Bureau 23

Date Issued _____ Plan Examiner _____ Permit Fee _____

No. of Water Heaters _____ No. of Plumbing Fixtures _____

