



City of Wheeling

DIVISION OF BUILDING INSPECTIONS

PLUMBING Permit

Contractor's License Number:

Permit Number:

Location:

Building Permit Number:

Owner:

Kind of Building:

Used As:

Approximate Completion Date:

Estimated Cost:

New:

Alteration:

Repair:

Addition:

Item	Number	Description / Remarks
Stacks		
Sinks		
Baths		
Water Closet		
Lavatory		
Tank & Heater		
Laundry Tray		
Water Distribution Systems		
Floor Drains		
Sewage Ejector		
Fountain (Drinking)		
Sump		
Showers		
Urinal		
Catch Basin		
Dishwashing Machine		
Humidifier		
Garbage Grinder		
Washing Machine		
Special Wastes		
Rainwater Leaders		
Miscellaneous Fixtures		

Total Fee: \$

Note:

Contractor's Name & Address:

City:

State:

Zip:

Ready for Inspection on ___/___/___ or will contact the Inspection Department no later than 24 hours prior to requested inspection.

Applicant certifies that all information given is correct and that all pertinent Building Codes will be complied with in performing the work for which this permit is issued.

Signature of Contractor						Code Official				
(or authorized representative making application)						234-3601				