



City of Galva
 311 N. W. 4th Avenue
 Galva, IL 61434
 Phone: (309) 932-2555
 Fax: (309) 932-3306
 www.galvail.gov

Plumbing Permit Application

Page 1 of 2

Date:

Permit Number:

Plan Check #:

Project Address:

Zone:

Property Owner

Tenant

Architect

Designer

Engineer

Name:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

The City of Galva may require written approval from the owner

License Number:

Name:

Company:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Project Contact:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail Address:

Contractor/Plumber

License Number:

Company Name:

Address:

City/State/Zip:

License Type:

Phone:

Fax:

E-Mail Address:

Purpose of Application

Single - Family

Multi - Family

Commercial

Proposed Use of Building:

Current Use of Building:

Description of Proposed Work
 (example: install new shower and basin in basement)

Cost of Improvement (labor + materials + overhead + profit) Rounded to Nearest Dollar:

Is this permit in conjunction with a building permit?

Yes

No

Indicate Number of Fixtures/Equipment to be Installed

Bath Tub / Whirlpool		Gas Fireplace (Direct or Un-Vented)		Grease Trap / Oil Separator		Steam Table	
Backflow Preventor		Gas Fryer		Hose Bibb / Outside Faucet		Storm Drains	
Beverage Dispenser		Gas Furnace		Humidifier		Sump Pump	
Bidet		Gas Grill		Ice Maker		Trailer Sewer Connect	
Case / Trench Drain		Gas Log		Laundry Tray / Sink		Trailer Water Connect	
Coffee Maker		Gas Log Lighter		Lawn Irrigation System		Urinal	
Condensate Drain		Gas Meter - Relocate		Medical Gas		Vacuum System - Medical	
Dental Chair		Gas Oven / Broiler		Plumbing Piping Only		Washing Machine	
Dishwasher		Gas Piping Only		Pressure Reducing Valve		Water Booster Pump	
Disposal		Gas Pool / Hot Tub Heater		Roof Drain		Water Closet (Toilet)	
Downspouts		Gas Range / Stove / Wok		Service / Mop Sink		Water Heater	
Drinking Fountain		Gas Regulator		Shampoo Sink		Water Treatment Equipment	
Fire Sprinkler		Gas Roof Top Unit		Shower		Wet Stack	
Floor Drains (Sanitary Only)		Gas Space Heater		Sink - Kitchen / Bar		Yard Hydrant	
Floor Sink/Funnel Drain /On-Site Drain		Gas Space / Unit Heater (not Portable)		Sink - Lavatory / Bath / Hand		Gas Other	
Gas Boiler		Gas Water Heater		Slab Openings		Plumbing Other	
Gas Dryer							

Requires Wastewater Review and Approval

- Sanitary Sewer Cap Off
- Sanitary Sewer Lateral Only
- Inside Sewer Ejector Pump
- Sanitary Sewer Tap
- Outside Ejector Pump
- On-Site Sanitary Sewer
- Sanitary Sewer Connect

Approved by:

Date:

Insurance Coverage

No permit for the performance of plumbing work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

Check One: Insurance Bond Other Specify: Expires:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I/we agree to conform to all applicable laws of this jurisdiction and those of the State of Illinois and the Federal Government.

Signature of Applicant:

Date:

Calculated Permit Fee:

Approved by: