

**VILLAGE OF FOX LAKE**  
**PLUMBING APPLICATION**

OFFICE USE ONLY
DATE:
BLDG PERMIT #
NO OF FIXTURES:

SUBDIVISION	UNIT	BLOCK	LOT
LOCATION ADDRESS			
OWNER	ADDRESS	TELEPHONE	
CONTRACTOR	ADDRESS	TELEPHONE	
ARCHITECT	ADDRESS	TELEPHONE	
PLUMBING CONTRACTOR	ADDRESS	TELEPHONE	

A BONDED PLUMBER SHALL COMPLETE AND RETURN THIS CERTIFICATE TO THE BUILDING DEPARTMENT FOR A PLUMBING APPLICATION

WATER SERVICE SIZE \_\_\_\_\_ RESIDENTIAL  BUSINESS

FIXTURE	TALLY	REQUIRED INSPECTIONS
BATH TUB		BEFORE ANY WORK IS COVERED INCLUDING: (A) AT FINISH OF UNDERGROUND PLMB. (B) AT FINISH OF ROUGH-IN WORK (C) AT FINISH OF FINISH WORK (D) AT TIME OF TESTING
SHOWER STALL		
LAVATORY		
WATER CLOSET		
KITCHEN SINK		
DISHWASHER		
LAUNDRY TRAYS		
AUTO WASHER		
GRAY BOX		
EJECTOR PUMP		
WATER HEATER		
URINAL		
DRINKING FOUNTAIN		
UTILITY SINK		
OTHER		
<b>TOTAL FIXTURES</b>		

FUTURE FIXTURE ROUGH-INS TALLY

I, the undersigned, certify that I understand and will abide by the Illinois Plumbing License Law and the Plumbing Code with all additional requirements of the Village of Fox Lake.

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

REPRESENTING: \_\_\_\_\_

ILLINOIS STATE PLUMBING CONTRACTORS LICENSE # \_\_\_\_\_

COPY ON FILE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

BUILDING DEPT.

DATE