



**VILLAGE OF  
CARBON  
CLIFF**

**PLUMBING PERMIT APPLICATION**

INSPECTIONS DEPARTMENT  
912 16<sup>TH</sup> AVE, EAST MOLINE, IL 61244  
PHONE: (309) 752-1509 FAX: (309) 752-1572  
OFFICE HOURS: MON-FRI 7-9 AM, 12:30-1:30 PM, 3:30-4:30 PM

**Section 1 – PROJECT INFORMATION**

Project Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_  
Description of Work Proposed: \_\_\_\_\_

**Section 2 – VALUATION – PERMIT FEE**

Estimated Total cost \$ \_\_\_\_\_ \*\* All applications Must Provide an Estimated Cost **Permit Fee \$** \_\_\_\_\_

**Section 3 – CONSTRUCTION DETAILS**

Check One	Fee	Fixture	Qty
<input type="checkbox"/> Water Main Tap or Repair	\$25 flat fee.	Water Closet	
<input type="checkbox"/> Sewer Main Tap or Repair	\$25 flat fee.	Bath Tub	
<input type="checkbox"/> Gas Piping	\$20 flat fee.	Sink	
<input type="checkbox"/> Gas or Electric Water Heater	\$25 flat fee.	Shower	
<input type="checkbox"/> Gas Utility Turn on	\$25 flat fee.	Dishwasher	
<input type="checkbox"/> RPZ installation, Repair, or Testing	\$30 flat fee.	Lavatory	
<input type="checkbox"/> Drain Cleaning	\$5 per unit.	Disposal	
<input type="checkbox"/> Lawn Sprinkler System Install or Repair	\$50 flat fee.	Floor Drain	
<input type="checkbox"/> Fixtures – Select from List on Right	\$25 for first 2, \$10 each additional.	Whirlpool Tub	

**Section 4 – GENERAL INFORMATION**

- Excavation for plumbing utilities in City Right of Way may require separate Excavation Permit.
- All Plumbing permits for Rental, Commercial, or any other non-owner occupied properties must be submitted by a State of Illinois Licensed and registered Plumbing Contractor.

**Section 5 – APPLICANT INFORMATION**

I hereby certify that I have the authority to make the forgoing application, that the information given is correct and true. I acknowledge I am knowledgeable of the code requirements for the work to be performed and shall perform the work described in accordance with all applicable Codes. I also acknowledge that as the permit holder, I assume all responsibility and liability for the work performed, and it is my responsibility to contact the Inspections Department for applicable inspections when work is complete.

APPLICANT TYPE (check one):	Applicant or Company Name: _____
<input type="checkbox"/> Contractor (Registered with East Moline)	Applicant or Company Address: _____
<input type="checkbox"/> Property Owner (Owner of Legal Record)	_____
<input type="checkbox"/> Authorized Agent (Written Auth. from Owner)	Applicant or Company Phone Number: _____

**APPLICANT SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_