



VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

APPLICATION FOR PLUMBING AND SEWER WORK

DATE: _____ ADDRESS OF WORK TO BE DONE: _____

OWNER OF PROPERTY: _____ OWNER'S PHONE #: _____

CONTRACTOR'S NAME: _____ CONTRACTOR'S PHONE #: _____

CONTRACTOR'S E-MAIL: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S CITY: _____ STATE: _____ ZIP CODE: _____

STATE OF IL PLUMBING REGISTRATION # (055): _____

(INDICATE NUMBER OF NEW FIXTURES)

_____ BATH TUB	_____ WATER CLOSETS	_____ DRINKING FOUNTAIN	_____ GREASE TRAP
_____ SHOWERS	_____ WATER HEATER	_____ MOP BASIN	_____ EJECTOR PUMP
_____ LAVATORY	_____ DISHWASHER	_____ PREP SINKS	_____ SUMP PUMP
_____ KITCHEN SINKS	_____ FLOOR DRAIN	_____ WATER CONNECTION	_____ WASH MACHINE
_____ HAND SINK	_____ URINALS	_____ SEWER REPAIR/CLEAN OUT	_____ MISCELLANEOUS
_____ LAUNDRY TRAY	_____ TRIPLE SINKS	_____ DOWNSPOUTS	
_____ LAWN SPRINKLERS	_____ BACK FLOW PREVENTER	_____ FLOOD CONTROL SYSTEM	

OTHER: _____

IN CONSIDERATION OF THE ISSUE AND DELIVERY BY THE DEPARTMENT OF BUILDING & HEALTH SERVICES OF THE VILLAGE OF ARLINGTON HEIGHTS OF THE ABOVE PERMIT, APPLICANT AGREES TO ALL OF THE PROVISIONS OF THE PLUMBING CODE AND ALL STATE LAWS PERTAINING TO BUILDING AND AGREES TO SAVE, INDEMNIFY, AND KEEP HARMLESS THE VILLAGE OF ARLINGTON HEIGHTS, ITS OFFICERS AND EMPLOYEES AGAINST ALL LIABILITIES, JUDGEMENTS, COSTS AND EXPENSES.

SIGNATURE OF LICENSED PLUMBER

OFFICE USE ONLY

BUILDING PERMIT NUMBER

FEE

PLUMBING PERMIT NUMBER

\$ _____

SINGLE FAMILY

MULTIPLE FAMILY

COMMERCIAL BUILDING

NEW	ALTER

INDUSTRIAL BUILDINGS

PUBLIC BUILDINGS

RESTAURANT

NEW	ALTER

_____ TOTAL NO. OF FIXTURES

By: _____
ARLINGTON HEIGHTS PLUMBING INSPECTOR

**PLUMBING CONTRACTOR'S
EXAMPLE LETTER OF INTENT**

- Letter must be on company letterhead.
- If company is incorporated, letter must have corporate seal.
- If company is not incorporated, letter must be notarized.

Date: _____

Project Address: _____
Arlington Heights, IL

To Whom It May Concern:

It is the intent of _____ to perform the
(Name of Company)

(Description of Plumbing Work)

per the Arlington Heights and State of Illinois Plumbing codes at the above address in the Village of Arlington Heights as a subcontractor for _____ .
(Name of General Contractor)

Name of Company: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Contact Number: _____

State of IL Plumbing Registration # (055): _____

Signature of Licensed Plumber: _____

(225 ILCS 320/37) (from Ch. 111, par. 1135)

A letter of intent shall be included with all plumbing permit applications. The letter shall be written on the licensed plumber of record's business stationery and shall include the license holder's signature and, if the license holder is incorporated, the license holder's corporate seal. If the license holder is not incorporated, the letter must be notarized.