



# CITY OF LOCKPORT PLUMBING PERMIT

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_

Historic District: \_\_\_ Yes \_\_\_ No

All plumbing work to be performed according to Illinois Plumbing and City of Lockport Codes. Excavations on private property shall be compacted, leveled and restored to natural grade. Contractor is responsible to ensure that excavation is performed in a safe manner.

**Verify the following required items have been submitted with this application:**

- Completed application
- Plumbers letter of intent indicating scope of work
- Copy of signed contract

**RPZ Test Submission Requirement**

Once the RPZ is installed and tested, the company that tested the RPZ is **REQUIRED** to submit the device test to CCRA Professional Services **within 10 days of the test**. Any questions, contact Wyatt at CCRA Professional Services 630-450-7781 or for more info visit their website: [ccra4safewater.com](http://ccra4safewater.com)

**I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Permit #: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Building Dept. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Dept. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_