



City of Blue Island
Building & Zoning Department
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Blue Island, IL 60406
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building@cityofblueisland.org
www.blueisland.org/forms

PLUMBING PERMITS

ADDRESS OF WORK: _____

OWNER'S NAME/PHONE: _____

HOME ADDRESS OF OWNER: _____

ESTIMATED COST: _____

TYPE OF BUILDING

RESIDENTIAL COMMERCIAL INDUSTRIAL MIXED-USE

DESCRIPTION OF WORK

NEW CONSTRUCTION REMODEL REPAIR OVERHEAD SEWERS

SEWER WATER TAP WATER SERVICE PARKWAY

STREET OPENING SPRINKLER SYSTEM

NO. OF FIXTURES EXISTING: _____

NO. OF FIXTURES: _____ CIRCLE ONE: NEW or REPLACE

(Including: sump pump, water heater, grease traps,
laundry trays, automatic washers, automatic dishwashers,
garbage disposals)

NAME OF CONTRACTOR DOING WORK: _____

BUSINESS ADDRESS: _____

PHONE: _____

FOR OFFICE USE ONLY

FEE: _____ APPROVED BY: _____

PERMIT NO: _____ DATE: _____

INSPECTIONS: _____