

**APPLICATION FOR PLUMBING PERMIT
VILLAGE OF OKAWVILLE
304 N Front Street – PO Box 483
OKAWVILLE, IL 62271
(618) 243-5972**

Application Date: _____ Permit Number: _____

Date Issued: _____ Fee Paid: \$ _____ cash/check # _____

Property Owner: _____ Zoning District: _____

Address of Proposed Work: _____

Contractor's Name: _____ Phone Number: _____

Contractor's Complete Address: _____

Service Upgrade Remodel, etc.

Application for: _____ Approx. Start Date: _____
(type of structure)

Proposed Work: _____

Applicant's Signature: _____

**INSPECTION MUST BE CALLED IN FOR ALL WORK PERFORMED
inspector Scott Meinhardt at 618-779-7457
APPLICANT HEREBY AGREES TO COMPLY WITH APPLICABLE CODES**

Inspector's Comments: _____

Approved By (Inspector Signature): _____