



Village of Bloomingdale  
 201 S. Bloomingdale Road  
 Bloomingdale, IL 60108-1403  
 (630) 671-5660  
 FAX (630) 893-1596

PERMIT NUMBER \_\_\_\_\_

FINAL PERMIT  
 FEE RECEIPT NO. \_\_\_\_\_

**APPLICATION FOR PERMIT**

(type or print in ink)

"Growth with Pride"

Sewer & Water Connection  
 And Water Meter

Sewer Connection Only

Water Meter Only

Water Connection Only

Water Meter Size \_\_\_\_\_

Date \_\_\_\_\_

Construction Cost \$ \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_

Address Property \_\_\_\_\_

Zoning \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Residential  Business  Mercantile  Other

Sewer Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Plumber \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**IMPORTANT: PLAT OF SURVEY MUST ACCOMPANY APPLICATION SHOWING LOCATION OF SEWER & WATER LINES IN RELATION TO THE LOT LINES AND STREETS, PARKING AND INTERSECTIONS. PROVIDE SPECIFICATIONS INDICATING PIPING MATERIAL AND METHOD OF INSTALLATION.**

The undersigned hereby applies to the Village of Bloomingdale, Illinois for a permit herein described and if granted the applicant shall comply with all requirements of the Village Ordinances relating thereto and pay the fees required by such Ordinances including any past due monies due to the Village, including, but not limited to any water and sewer rate changes associated with the above Address Property. No error or omission in either the plans or application, whether or not said plans or applications have been approved by the Building Official, shall permit or relieve the applicant from constructing the work in any other manner than that provided for in the Ordinances of this Village relating thereto.

**FOR OFFICE USE ONLY:**

Sewer & Water Connection	\$ _____
Sewer Only Connection	\$ _____
Water Only Connection	\$ _____
Water Meter _____ "	\$ _____
Water Account Paid <input type="checkbox"/>	
Total	\$ _____
Bond	\$ _____
<b>Grand Total</b>	<b>\$ _____</b>

The applicant having read this application and fully understanding the intent thereof declares that the statements are true to the best of his/her knowledge and belief.

Signature of Owner/Agent: \_\_\_\_\_

Print Name: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_  
 Building Commissioner

Date of Issue: \_\_\_\_\_

**PLUMBING INSPECTION REQUIRED**