

# Village of Morton Zoning & Code Enforcement Department

120 N. Main St., Morton, IL 61550

Phone: (309)266-5361 Fax: (309)266-5508 Email: bmarks@morton-il.gov

## PLUMBING PERMIT FORM

PROPERTY OWNER: _____	Email: _____
Address: _____	Phone: _____

PLUMBING CONTRACTOR: _____	Email: _____
Address: _____	Phone: _____
State Plumbing License #: _____	Contractor License #: _____

Site Address or Parcel Number \_\_\_\_\_

Property Type:  Residential Single Family  Residential Multi Family  Commercial/Industrial

### PERMIT FEES

**Plumbing Fixtures Include:** water closets, bidets, lavatories, bathtubs, showers, floor drains, hot water heaters, & backflow devices

**Plumbing Fixtures DO NOT Include:** dishwashers, garbage disposals, water softeners, sump or ejectors

<input type="checkbox"/> NEW CONSTRUCTION	FEE AMOUNT	QUANTITY	TOTAL CHARGE
Base Charge	\$55.00	N/A	\$55.00
Fixture	\$15.00/fixture	_____	_____
<input type="checkbox"/> ADDITIONS/REMODELS	FEE AMOUNT	QUANTITY	TOTAL CHARGE
Base Charge	\$75.00	N/A	\$75.00
Fixture	\$25.00/fixture*	_____	_____
<b>*If the addition/remodel is 13+ fixtures, the new construction fee schedule of \$15/fixture shall apply</b>			
<input type="checkbox"/> FIRE SPRINKLERS	FEE AMOUNT	QUANTITY	TOTAL CHARGE
Base Charge	\$100.00	N/A	\$100.00
<input type="checkbox"/> MOBILE HOMES	FEE AMOUNT	QUANTITY	TOTAL CHARGE
Base Charge	\$100.00	N/A	\$100.00
<input type="checkbox"/> LAWN SPRINKLERS*	FEE AMOUNT	QUANTITY	TOTAL CHARGE
Minimum Charge	\$55.00	_____	_____
Sprinkler Head	\$4.00/head	_____	_____
Irrigation Meter	\$312.00	_____	_____

\*For irrigation systems with 13 or fewer heads, pay the minimum charge. For systems with 14+ heads, the permit fee is based on the number of heads and no minimum charge is due.

**PERMIT TOTAL:** \$ \_\_\_\_\_ (Base charge fee + fixture fee)

**Plumbing and fixtures installed in any building or structure in the Village of Morton must be installed to comply with the Illinois State Plumbing Code. Is it the sole responsibility of the permit holder to call and make arrangements for any required inspection.**

**PLUMBING INSPECTOR: BOB PRATHER (309)303-3265**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I acknowledge I have read the requirements listed above, have completed all pages of this permit application, and have provided any additional documentation and fees required.

Signed by the:  Contractor  Agent  Owner