



COUNTY OF TAZEWELL DEPARTMENT OF COMMUNITY DEVELOPMENT

11 South 4th Street, Room 400, Pekin, Illinois 61554

Phone: (309) 477-2235 Fax: (309) 477-2358 Email: zoning@tazewell-il.gov

Jaclynn Workman, Community Development Administrator

APPLICATION FOR A MECHANICAL PERMIT

Permit Type check all that apply: Electrical (EL) Plumbing (PL) HVAC (HV)

Residential: Commercial:

New Existing New Existing

Single Family Two Family Phase 1 Phase 3

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS

Phone: _____

Phone: _____

Email: _____

Email: _____

APPLICANT NAME: _____

APPLICANT PHONE: _____

SITE PARCEL ID NUMBER: _____

SITE 911 ADDRESS: _____

*An address MUST be applied for prior to issuance of any Permit

DESCRIBE WORK TO BE CONDUCTED: _____

ELECTRICAL INFORMATION:

Temp Pole Add New Wiring Remodel Service Replacement Meter Replacement HVAC

Number of Amps: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

PLUMBING INFORMATION:

(Fixtures include: toilets, interceptors, bath tubs, drinking fountains, urinals, floor drains, wash basins, water heaters, washers, sinks, rough-ins, showers, sewage ejectors. **NOT:** dishwashers, garbage disposals, water softeners)

Number of Fixtures _____ Fire Sprinklers: # of sprinkler heads: _____ Lawn Sprinklers: # of sprinkler heads _____

PLUMBING CONTRACTOR: _____ LIC# _____ Phone # _____

Anyone other than the homeowner doing their own work must provide a copy of the State of Illinois Plumbing License

HVAC INFORMATION:

Number of Heating Units: _____ Number of AC Units: _____ Number of GEO Thermal Units: _____

Commercial only: Square Feet of Heating _____ Square Feet of A/C _____

HVAC CONTRACTOR: _____ PHONE: _____

The undersigned does hereby agree to install above noted work in compliance with the laws of the State of Illinois and with the code of Tazewell County. It is the responsibility of the permit holder/property owner to call and make arrangements for required inspections. **If a change in the contractor is needed, please inform the Department. Any changes to the scope of work may be subject to additional fees. All stand-alone permits will expire 180 days from the date of issuance.**

Signature: _____ Date: _____
Contractor Owner Applicant

OFFICE USE ONLY:

DATE OF PERMIT ISSUE: _____ BUILDING PERMIT # _____

REVIEWED BY: _____