



United City of Yorkville
651 Prairie Pointe Drive,
Yorkville, Illinois, 60560
630-553-8545
630-553-7264
bzpermits@yorkville.il.us

INFRASTRUCTURE TAP ON PERMIT APPLICATION

PERMIT NUMBER:		DATE/TIME RECEIVED:	
SITE ADDRESS:		PARCEL NUMBER:	
SUBDIVISION:		LOT/UNIT:	
OWNER INFORMATION			
NAME:		TELEPHONE: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
ADDRESS:		E-MAIL: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
CITY, STATE, ZIP:		FAX:	
CONTRACTOR INFORMATION			
NAME:		IL PLUMBER LICENSE:	
ADDRESS:		CONSTRUCTION VALUE:	
CITY, STATE, ZIP:		E-MAIL: <input type="radio"/> HOME <input type="radio"/> BUSINESS	
TYPE OF CONNECTION			
<input type="radio"/> SEWER CONNECTION		\$ _____	
<input type="radio"/> YORKVILLE BRISTOL SANITARY DISTRICT		\$ _____	
<input type="radio"/> WATER CONNECTION (SIZE)		\$ _____	
<input type="radio"/> WATER METER (SIZE)		\$ _____	
		TOTAL \$ _____	
TERMS: In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the United City of Yorkville. I/we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE TO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED. <u>This Permit is a public document and all information on it is subject to public review pursuant to the Illinois Freedom of Information Act.</u>			
SIGNATURE/AUTHORIZED AGENT: _____		DATE: _____	
REVIEW CONCLUSIONS <i>(all staff comments on back of application):</i>			
BUILDING CODE COMPLIANCE: _____		DATE: _____	
<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED			
ZONING CODE COMPLIANCE: _____		DATE: _____	
<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED			
RE-SUBMITTAL:	DATE: _____	<input type="radio"/> APPROVED <input type="radio"/> NOT APPROVED	DATE/TIME ISSUED: