



CITY OF LOCKPORT

RESIDENTIAL REMODELING PERMIT FORM

PROPERTY INFORMATION:

Address of Work: _____

Estimated Construction Value: \$ _____ Will a new water meter be needed? Yes ___ No ___ Size: _____

Description of project: _____

APPLICANT INFORMATION:

Printed Name: _____ Company: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Additional Information: _____

I HERBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY COUNCIL OF LOCKPORT.

Signature: _____ Date: _____

PRIMARY CONTACT: (For plan review comments)

Printed Name: _____ Company: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Additional Information: _____

Legal owner of property

Printed Name: _____ Company: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

ARCHITECT INFORMATION:

Architect: _____ Phone #: _____

Address: _____

CONTRACTOR INFORMATION (*ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LOCKPORT)

Carpentry:

Company: _____ Phone#: _____

Address: _____

Electrical:

Company: _____ Phone#: _____

Address: _____

Excavation:

Company: _____ Phone#: _____

Address: _____

Concrete:

Company: _____ Phone#: _____

Address: _____

General:

Company: _____ Phone#: _____

Address: _____

Gypsum:

Company: _____ Phone#: _____

Address: _____

HVAC:

Company: _____ Phone#: _____

Address: _____

Masonry:

Company: _____ Phone#: _____

Address: _____

Plumbing:

Company: _____ Phone#: _____

Address: _____

Roofing:

Company: _____ Phone#: _____

Address: _____

Sewer & Water:

Company: _____ Phone#: _____

Address: _____

Other:

Company: _____ Phone#: _____

Address: _____



City of Lockport

Building Department
921 S. State Street
Phone: (815) 838-0549 option 5
Fax: (815) 588-0111

RESIDENTIAL PLUMBING REVIEW SHEET

Please provide the following plumbing plan review information for new room additions or alterations:

	NEW FIXTURES (# of)	EXISTING FIXTURES (# of)
Water Closet (Toilet)	_____	_____
Bath Sink (Lavatory)	_____	_____
Dish Washer	_____	_____
Kitchen Sink	_____	_____
Laundry Tub	_____	_____
Washing Machine	_____	_____
Tub & Shower	_____	_____
Shower	_____	_____
Bathtub	_____	_____
Bar Sink	_____	_____

EXISTING WATER SERVICE SIZE: _____

EXISTING WATER METER SIZE: _____

PLEASE SUBMIT A LINE DIAGRAM (ISOMETRICS) INDICATING WASTE, VENT AND WATER PIPING DETAILS FOR ALL NEW FIXTURES.

FOR OFFICE USE ONLY

Permit #: _____

Other Incentive: _____

TIF District (Y/N): _____

Historic District (Y/N): _____

Building Dept. Approval: _____ Date: _____

Planning Dept. Approval: _____ Date: _____

Building Permit: \$ _____

Sewer Tap-On Fee: \$ _____

Water Tap-On Fee: \$ _____

Temp. Water Usage: \$ _____

Grading Permit Fee: \$ _____

Occupancy Permit: \$ _____

Plumbing Inspection Fee: \$ _____

Engineering Fee: \$ _____

Plan Review: \$ _____

Total Fees: \$ _____