

# COUNTY OF KANE

DEVELOPMENT DEPARTMENT  
Building and Community Services Division  
Mark D. VanKerckhoff, AIA, Building Officer



County Government Center  
719 Batavia Avenue  
Geneva, Illinois 60134  
Phone: (630) 232-3485  
Fax: (630) 232-3411  
Website: [www.co.kane.il.us](http://www.co.kane.il.us)

## Plumbing Certificate

### Certification of State of Illinois Plumbing Code and License Law

Building Permit Number: \_\_\_\_\_ (required)  
Building Permit Address: \_\_\_\_\_ (required)

- All plumbing work in the State of Illinois must comply with the current State of Illinois Plumbing Code and State of Illinois Plumbing License Law.
- All projects which include plumbing work regulated under the State of Illinois Plumbing Code must submit this certification *after* the plumbing work has been completed and *prior* to scheduling a final inspection.

#### COMPLETE AND SIGN ONE OF THE TWO SECTIONS BELOW

(Must be the original signed form, no copies or fax copies will be accepted)

##### Plumbing work was completed by an Illinois Licensed Plumber

The undersigned hereby certifies that the plumbing in the structure identified by the permit number listed above, was installed in compliance with the current State of Illinois Plumbing Code and State of Illinois Plumbing License Law. **Please attach License.**

Company Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

License No: \_\_\_\_\_

Certified by: \_\_\_\_\_

Authorized Signature

Date: \_\_\_\_\_

##### Plumbing work was completed by the Occupant Owner (Single Family Residential Projects Only)

The undersigned hereby certifies that the plumbing in the structure identified by the permit number listed above, was installed in compliance with the current State of Illinois Plumbing Code and State of Illinois Plumbing License Law, and also certifies that I am the occupant owner as defined by the before mentioned code and law.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

Certified by: \_\_\_\_\_

Occupant Owner Signature

Date: \_\_\_\_\_

Other agencies including the Kane County Health Department, fire districts, sanitary districts, water reclamation districts, private utilities and municipalities providing water and/or sewer connections may have additional requirements for applications, fees, submittals, inspections and approvals in addition to this certification. It is the owner's responsibility to notify the appropriate agencies and for compliance with all requirements.

#### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Via: \_\_\_\_\_ Entered on KPASS \_\_\_\_\_