

Inspection Request # R - 2	
Le	ead service replacement
W	ater repair
Ne	ew water installation
W	/ater abandonment

Water Service Inspection Request

	Illinois State Plumbing (•		
ADDRESS:	CITY:	DATE	E OF WORK:	
RESIDENT'S NAME:	OWNER'S	OWNER'S NAME:		
CONTRACTOR:	CONTR	CONTRACTOR PHONE:		
DESCRIPTION:				
Exterior repair work on private prop	erty <u>only</u> .			
Exterior repair work includes right o	of way or interior.	T	The City or Village permit number.	
I have not contacted the City / Villag	ge for a permit to perform t	nis work.		
		Sketch Area		
* Existing service		Sketch Area		
* Existing service * Area of repair * Driveway/sidewalk		Sketch Area		
* Existing service * Area of repair * Driveway/sidewalk * Trees/bushes		Sketch Area		
* Existing service * Area of repair * Driveway/sidewalk * Trees/bushes Street Right of		Sketch Area		
* Existing service * Area of repair * Driveway/sidewalk * Trees/bushes Street Right of way/Property line	is work must be permitte		age and that, prior to backfilling	
* Existing service * Area of repair * Driveway/sidewalk * Trees/bushes Street Right of way/Property line It is agreed, and I understand, that the must be inspected by Fox Metro Water	er Reclamation District. A	l by the City/Vill pplicant agrees t	o notify Fox Metro at least twent	
Show: * Existing service * Area of repair * Driveway/sidewalk * Trees/bushes Street Right of way/Property line It is agreed, and I understand, that the must be inspected by Fox Metro Wate four hours prior to the desired inspect	er Reclamation District. A	l by the City/Vill pplicant agrees t Aetro inspection	o notify Fox Metro at least twent	

All work must be performed in strict compliance with O.S.H.A. safety regulations.