

CROSS CONNECTION CONTROL DEVICE (CCCD) WORKSHEET

JOB ADDRESS: _____	DATE: _____
OWNER: _____	PERMIT NUMBER: _____
SCOPE OF WORK: _____	

Additional fines may be assessed for noncompliance to City of Evanston code 7-12-16-3.

TYPE OF WORK	PERMIT FEES	QUANTITY
Fire Suppression System	\$40.00 per device installed	
Irrigation / Lawn Sprinkler System	\$40.00 per device installed	
Chemical / Detergent Dispenser	\$40.00 per device installed	
Boiler / Hydronic System	\$40.00 per device installed	
High Risk Units (Containment Required)	\$40.00 per device installed	
Food Establishments (Service / Preparation)	\$40.00 per device installed	
Car Wash	\$40.00 per device installed	
Pumps / Aspirators	\$40.00 per device installed	
Heat Exchanger	\$40.00 per device installed	
Chiller Units	\$40.00 per device installed	
Swimming Pools	\$40.00 per device installed	
Other (Trash Chute, Dialysis Machine, etc)	\$40.00 per device installed	

I HEREBY CERTIFY THAT THE ABOVE LISTED WORK WILL BE COMPLETED BY A CITY OF EVANSTON LICENSED C3 CONTACTOR. A CITY OF EVANSTON PLUMBING INSPECTOR MUST INSPECT AND WITNESS INITIAL CERTIFICATION OF ANY NEWLY INSTALLED CROSS CONNECTION CONTROL DEVICE.

Signature of Supervising Plumber	State of IL Plumbing Contractor License # 055 or Drain Layer #
Plumbing Contractor Name: _____	
Phone Number: _____	
Address: _____	City _____
Zip _____	
Email Address: _____	

CROSS CONNECTION CONTROL (C3) CONTRACTOR LICENSE #: _____