

First Inspection Services, Inc.
State of Illinois Certified Plumbing Inspectors

912 Walnut Street
Batavia, IL 60510

John Kraft Phone: (630) 879-6145 Pete Kraft Phone: (630) 360-0864
E-mail: firstinspectionsservices@gmail.com

CERTIFICATE OF PLUMBING INSPECTION

City GENEVA
Address 24 CRISSEY
Permit # 2025-1210
Residential/Commercial _____

Date 11-4-2025
Contact _____
Phone _____
Time Scheduled _____

Inspection

Consultation _____
Underground _____
Rough _____
Final _____
Water Heater _____
Other SEWER TELEVISION

Water Service _____
Sanitary Sewer _____
Storm Sewer _____
Gas Piping _____
Reinspection _____

APPROVED _____
NOT APPROVED _____
CODE COMPLIANCE DUE BY: / /

REINSPECTION REQUIRED Yes No
IF REINSPECTION REQUIRED CONTACT BUILDING
DEPARTMENT FOR SCHEDULE AND FEES.

Notes 10" CLAY SEWER - WHITE AT BIT OF ROOTS
AT JOINTS
NO SUMP PUMP - DOES NOT APPEAR TO BE
ANY GRAVITY STORM WATER CONNECTION TO
SANITARY

JOHN KRAFT OS# 117565



INSPECTOR

SIGNATURE

WHITE OFFICE COPY - YELLOW CITY - PINK FIELD

to BIRB
11-4

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Batavia, IL 60510

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CERTIFICATE OF PLUMBING INSPECTION

City GENEVA

Date 11-4-2025

Address 211 CAPE WAY

Contact _____

Permit # NIA

Phone _____

Residential/Commercial _____

Time Scheduled _____

Inspection

Consultation _____

Water Service _____

Underground _____

Sanitary Sewer _____

Rough _____

Storm Sewer _____

Final _____

Gas Piping _____

Water Heater _____

Reinspection _____

Other SEWER TELEVISIONING

APPROVED _____

REINSPECTION REQUIRED Yes No

NOT APPROVED _____

IF REINSPECTION REQUIRED CONTACT BUILDING
DEPARTMENT FOR SCHEDULE AND FEES.

CODE COMPLIANCE DUE BY: / /

Notes • SUMP PUMP TO EXTERIOR - OK.

• CLAW SEWER - ROOTS - MINIMAL

D. KRAFT OS8-117565



INSPECTOR

SIGNATURE

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TO BVLG
114

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CERTIFICATE OF PLUMBING INSPECTION

City GENEVA

Date _____

Address 217 GRANT

Contact _____

Permit # N/A

Phone _____

Residential/Commercial _____

Time Scheduled _____

Inspection

Consultation _____

Water Service _____

Underground _____

Sanitary Sewer _____

Rough _____

Storm Sewer _____

Final _____

Gas Piping _____

Water Heater _____

Reinspection _____

Other SEWER TELEVISION

APPROVED _____

REINSPECTION REQUIRED Yes No

NOT APPROVED _____

IF REINSPECTION REQUIRED CONTACT BUILDING DEPARTMENT FOR SCHEDULE AND FEES.

CODE COMPLIANCE DUE BY: / /

Notes SUMP PUMP TO EXTERIOR. OK

SEWER. 4" CAST IRON TO STREET - NO ROOTS

D. KRAFT 058-117565



TD BVG
11-4

INSPECTOR

SIGNATURE

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