



TOWN of CHEEKTOWAGA

Permit Application for Commercial Plumbing / HVAC

FOR OFFICE USE ONLY

_____ / _____ 20 _____
 Date of Application Received By

\$ _____ .00 _____
 Permit Fee Permit No.

PROJECT INFORMATION

_____ (____) _____ (____) _____
 Applicant's Name Daytime Phone No. Cell Phone No.

_____ Cheektowaga, NY 14____
 Legal Address of Installation

_____ (____) _____ (____) _____
 Property Owner's Name Daytime Phone No. Cell Phone No.

Check all that apply to your project.

- Sanitary Sewer
 New Installation
 Alteration to Existing
 Storm Sewer
 Water Lines
 Furnace / Ductwork

Description of Work _____

_____ cost of work _____

An Isometric Drawing Is Required for All New Installation and Additions

_____ (____) _____
 Name of Plumbing / HVAC Contractor Cell Phone No.

_____ NY 14____ (____) _____
 Address Town/City Zip Code Office Phone Number

Value of Plumbing/HVAC Construction: (not including interior finishes being done under separate permit). \$ _____ .00

OWNER / AGENT'S CERTIFICATION

Under penalties of perjury I, _____ am the owner of record, or have the permission of the owner of record, to perform the work herein; and that I have examined this application and verify that all information listed upon it is correct and accurately reflects all plumbing work being performed by myself as owner, or by a Town of Cheektowaga Master Licensed plumber and /or plumbing company.

_____ / _____ /20 _____
 Signature: Date:

