



TOWN of CHEEKTOWAGA

Residential Plumbing /HVAC

Permit Application

FOR OFFICE USE ONLY

_____/____/20 _____ \$ _____ .00 _____
 Date of Application Received By Permit Fee Permit No.

PROJECT INFORMATION

 Applicant's Name (_____) Daytime Phone No. (_____) Cell Phone No.
 _____ Cheektowaga, NY 14____
 Legal Address of Installation
 _____ (_____) Daytime Phone No. (_____) Cell Phone No.
 Property Owner's Name

Check all that apply to your project.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Alteration to Existing | <input type="checkbox"/> Work done by Owner | <input type="checkbox"/> Work done by Plumber |
| <input type="checkbox"/> Bathtub | <input type="checkbox"/> Boiler | <input type="checkbox"/> Bubbler | <input type="checkbox"/> Disposal |
| <input type="checkbox"/> Exterior Sewer Repair | <input type="checkbox"/> Exterior Conductors | <input type="checkbox"/> Exterior Drainage | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Interior Drain Tile | <input type="checkbox"/> Furnace / Ductwork | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Laundry Tray |
| <input type="checkbox"/> Lavatory | <input type="checkbox"/> Interior Sewer Repair | <input type="checkbox"/> Kitchen Sink | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Street Cut | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Sewer Cap | <input type="checkbox"/> Water Service / Lines |
| <input type="checkbox"/> Water Closet | <input type="checkbox"/> Water Heater | | |
| <input type="checkbox"/> Other _____ | | | |

An Isometric Drawing Is Required for All New Installation and Additions

 Name of Plumbing / HVAC Contractor (_____) Cell Phone No.
 _____ NY 14____ (_____) Office Phone Number
 Contractor's Address Town/City Zip Code

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.

 Signature: _____ Date: ____/____/20____

