

Town of Cheektowaga
Office of Building, Plumbing & Neighborhood Development
Economic & Community Development



Residential Plumbing/HVAC Permit Application

Today's Date: _____ Assigned Inspector _____ Application No. 2016- _____

Property address: _____

Property owner(s)' name: _____ Phone No. _____

Property owner(s)' address: _____

Master Plumber's / HVAC name: _____ Field Phone No. _____

Master Plumber's / HVAC Company: _____ Phone No. _____

Master Plumber's/contractor Company address: _____

Identify any work to be completed under this permit by marking next to each item of work either N for installing NEW or marking A for altering an existing item.

Estimated Value of Plumbing/HVAC/Construction \$ _____ .00

- | | |
|-----------------------------|-----------------------------|
| _____ Bathtub | _____ Bubbler systems |
| _____ Boiler | _____ Exterior conductors |
| _____ Disposal | _____ Exterior drainage |
| _____ Kitchen Sink | _____ Exterior sewer repair |
| _____ Furnace/ductwork | _____ Floor drains |
| _____ Laundry tray/mop sink | _____ Generator |
| _____ Lavatory | _____ Interior drain tile |
| _____ Sump pump | _____ Interior sewer repair |
| _____ Water lines/service | _____ Lawn sprinklers |
| _____ Water closet/Urinal | _____ Sewer cap |
| _____ Water heater | _____ Other _____ |

_____ **Isometric drawings are required for new additions**

Owner/Agent Certification

Under penalties of perjury I certify that I am the owner of record or have permission of the owner of record to perform the work herein; and that I have examined this application and all information listed upon it is correct and accurately reflects all plumbing work being done by myself and/or by my company under my Town of Cheektowaga Master Plumbing License.

_____ Print Name

_____ Signature