

Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609



Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Fire Protection Permit Application

Address: _____ Zone: _____

Estimated Cost of Project: _____ S.B.L # _____ Lot No _____

Contractor: _____

Address: _____

_____ City _____ State _____ Zip

Phone: _____ Email: _____

Equipment Type: _____

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park. The Building Inspector(s) are permitted to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Fire Protection

Property/ Authorizing Agent Owner: _____
Print and Sign

Address: _____ Phone: _____

_____ City _____ State _____ Zip

Letter of Authorization Submitted



Town Clerk Stamp

Official Use Only:

Items supplied: 2 Sets of Plans Specs Disability _____ Workers Compensation _____
 Insurance Wavier _____ Other _____

Building Inspector: _____ Issued: _____

Permit #: _____ Permit Fee _____ + Additional Fee _____ = _____