

Town of Orchard Park

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

License Application

Date: _____

License# _____

Requirements for reciprocity license

A reciprocity license will be issued with proper proof of insurance and a current license from another municipality in New York State.

Requirements for a new license

Proof of insurance and a copy of Prometric test results are required.
(Orchard Park requires a 75 or better for a passing grade)

License	fee	check one
Master electrician	\$100	_____
Residential electrician	\$100	_____
Master Plumber	\$100	_____
Journeyman Plumber	\$ 50	_____

Provide application, required information and the proper fee.
Make checks payable to the town of Orchard Park.

Please Print:

Name: _____ Date of Birth: _____

Address: _____
(street) (city) (state) (zip)

Phone: work _____ Cell _____

Email address: _____

Present Employer:

Name: _____ Phone: _____

Address: _____

Town Clerk Stamp

License

Town of Orchard Park



Experience: List other licenses you have held.

Municipality	License Number	Latest year
_____	_____	_____
_____	_____	_____
_____	_____	_____

References:	Name:	Address:	Phone:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Work Experience:

	Name:	Phone:	# of Years
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant's Affidavit:

I, the undersigned, solemnly swear that I have read all of the statements in this application, and certify that to the best of my knowledge, all statements are true and correct.

Signature: _____ Print Name: _____