

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

Plumbing Permit Application

Address: _____ Zone: _____

Value of Work: \$ _____ S.B.L # _____ Lot No _____

Contractor: _____

Address: _____

_____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Type: New Plumbing Sanitary Sewer # _____ Fixtures # _____ Alterations/ Repairs

Storm Sewer # _____ Water Service Other _____

Description of Work: _____

Date Work Will Begin: _____

Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations, and manufacturer's installation instructions and authorizes the Code Enforcement Officer(s) to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Property 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 Disability _____ Workers Compensation _____

Insurance Waiver _____ Lenience # _____

Building Inspector: _____ Issued: _____

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

Plumbing