

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

Mechanical Permit Application

Address: _____ Zone: _____

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

Description of Property: Residential Commercial Other _____

Description of Work: New Heating Equipment Install Repair or Replace Heating Equipment
 New AC Equipment Install Repair or Replace AC Equipment

Contractor: _____

Address: _____

_____ City _____ State _____ Zip

Phone: _____ Email: _____

Property Owner: _____
Print and Sign

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park.

Address: _____ Phone: _____

_____ City _____ State _____ Zip

Letter of Authorization Submitted

Description of Work: _____

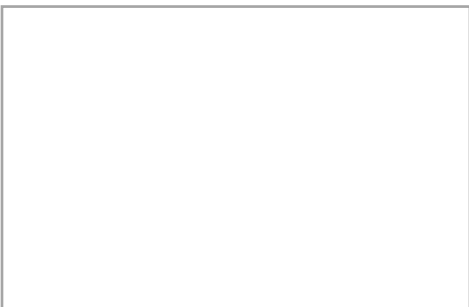
Mechanical

Official Use Only:

Items supplied: Survey Plans Worker Comp _____ Disability _____ Insurance Waiver _____ License

Building Inspector: _____ Issued: _____

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



Town Clerk Stamp

Mechanical Permit Application