

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

Residential and Commercial Building Permit Application

Address: _____ **Zone:** _____

Total Value of Project \$ _____ **S.B.L #** _____ **Lot No** _____

Contractor: _____

Address: _____

Phone: _____ **Email:** _____

Type of Construction or Improvement Residential Add./Alter. New Build 1-2 family
 Commercial Add./ Alter. Commercial New Build

Description of Work to be completed _____

Feet From Lot Lines: Front: _____ Side: _____ Rear: _____ Corner Lot: _____

Proposed Sq Ft. _____ **Type of Sewage Disposal:** County Sewer, Permit No. _____

Private Septic System, Letter of Approval _____

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. Letter of Authorization Submitted

Property Owner: Print and Sign _____

Address: _____ **Phone:** _____

Official Use Only:

Date Received: _____ **Received by:** _____

Special Approval Needed by: Zoning Board Planning Board Town Engineer AOD

Items supplied: Survey Plans Insurance Waiver _____ Electrical Application Letter of Auth.

Disability _____ Workers Compensation _____

Building Inspector: _____ **Issued Date:** _____

Reason for Denial: _____ **Initials:** _____ **Date:** _____

Permit Fee _____ +

Additional Fees - - ->

Total Fees _____

O.P. Sewer _____

Street Trees _____

O.P. Road R.O.W. _____

Eng. Drainage _____

Electrical Fee _____

Plumbing Fee _____

Other _____

Town Clerk Stamp

Permit #: _____

General Residential/ Commercial



Residential and Commercial Building Permit Application

Part II Designers & Contractors:

Project Address: _____

Architect/ Engineer: _____

Address: _____
City State Zip

Phone: _____ Email: _____

Worker Compensation: _____ Disability: _____

Electrical Contractor _____

Address: _____
City State Zip

License number: _____

Phone: _____ Email: _____

Worker Compensation: _____ Disability: _____

Plumbing Contractor _____

Address: _____
City State Zip

License number: _____

Phone: _____ Email: _____

Worker Compensation: _____ Disability: _____

General Residential/ Commercial