

CITY OF LOCKPORT
BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA

PHONE-439-6754

FAX-439-6605

BUILDING PERMIT APPLICATION FOR
HEATING & WATER HEATERS

Job Location: _____ Date: _____

Owner: _____ Address (if different): _____

Phone: _____ City: _____ Zip: _____

Construction Cost: _____

Master Plumber(s): Michael Dollendorf

Contractor (s): _____

Type of Heating Unit

____ Forced Air ____ Boiler ____ Steam ____ Water Heater

____ Other _____

**** Please note that a carbon monoxide detector and a smoke detector must be hardwired within 15 feet of the newly installed unit. ***

The Owner/ Applicant agrees to conform to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto and permit Building Department personnel to perform required inspections.

Applicant's Name :(if different than owner) Michael Dollendorf (attach letter of agency)

Owner/ Applicant Signature: _____ Date: _____