



TOWN of CHEEKTOWAGA

Residential Plumbing /HVAC Permit Application

FOR OFFICE USE ONLY

____/____ 20____
Date of Application

Received By

\$ _____.00
Permit Fee

Permit No.

PROJECT INFORMATION

Michael Dollendorf - Roy's Plumbing, Inc.

(716.) 873-5000

(____) ____

Applicant's Name

Daytime Phone No.

Cell Phone No.

Legal Address of Installation

Cheektowaga, NY 14____

Property Owner's Name

(____) ____

Daytime Phone No.

(____) ____

Cell Phone No.

Check all that apply to your project.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> New Installation | <input type="checkbox"/> Alteration to Existing | <input type="checkbox"/> Work done by Owner | <input type="checkbox"/> Work done by Plumber |
| <input type="checkbox"/> Bathtub | <input type="checkbox"/> Boiler | <input type="checkbox"/> Bubbler | <input type="checkbox"/> Disposal |
| <input type="checkbox"/> Exterior Sewer Repair | <input type="checkbox"/> Furnace / Ductwork | <input type="checkbox"/> Exterior Conductors | <input type="checkbox"/> Exterior Drainage |
| <input type="checkbox"/> Interior Drain Tile | <input type="checkbox"/> Interior Sewer Repair | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Lavatory | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Kitchen Sink | <input type="checkbox"/> Laundry Tray |
| <input type="checkbox"/> Street Cut | <input type="checkbox"/> Water Closet | <input type="checkbox"/> Sewer Cap | <input type="checkbox"/> Sump Pump |
| <input type="checkbox"/> Other | _____ | | |

An Isometric Drawing Is Required for All New Installation and Additions

Roy's Plumbing, Inc.

Name of Plumbing / HVAC Contractor

(____) ____

Cell Phone No.

140 Cooper Avenue

Contractor's Address

Tonawanda NY 14150

Town/City

Zip Code

(716.) 873-5000

Office Phone Number

Value of Plumbing/HVAC Construction: (not including interior finishes being done under separate permit). \$ _____.00

OWNER / AGENT'S CERTIFICATION

Under penalties of perjury I, Michael Dollendorf am the owner of record, or have the permission of the owner of record, to perform the work herein; and that I have examined this application and verify that all information listed upon it is correct and accurately reflects all plumbing work being performed by myself as owner, or by a Town of Cheektowaga Master Licensed plumber and /or plumbing company.

Signature:

Date:

____/____/20____

TOWN of CHEEKTOWAGA
Office of Building and Plumbing Inspections
275 Alexander Street, Cheektowaga NY 14211
(716) 686-3470 v (716) 897-7281 v Fax (716) 608-3851