



## VILLAGE OF ORCHARD PARK

### Plumbing Permit Application

Property Address: \_\_\_\_\_

Value of Work: \$ \_\_\_\_\_ S. B. L. # \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> New Plumbing         | <input type="checkbox"/> Storm Sewer _____ |
| <input type="checkbox"/> Sanitary Sewer _____ | <input type="checkbox"/> Water Service     |
| <input type="checkbox"/> Fixtures _____       | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Alterations/ Repairs |  |

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. I understand that inspections must be called for at least 24 hours in advance.

Property Owner: \_\_\_\_\_  
Print and sign

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Items Supplied:**

- |   |   |
|---|---|
| <input type="checkbox"/> 2 sets of Plans                        | <input type="checkbox"/> Insurance Waiver             |
| <input type="checkbox"/> Proof of Workers Compensation Coverage | <input type="checkbox"/> Proof of Disability Coverage |

Building Inspector: \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Fee: \_\_\_\_\_