CITY OF LACKAWANNA DEPARTMENT OF PUBLIC WORKS CITY HALL, 714 RIDGE RD. ROOM 311 LACKAWANNA NY, 14218

APPLICATION FOR PLUMBING PERMIT

DATE:20	E: PERMIT NO			
We hereby request a pe	rmit to install the plu	mbing described below		
Master Plumber:		Email:		
Address				
City and Zip Code:				
Property Owner:		Address:		
		Phone:		
Location of work:				
Street cut / bond requir				
Plumbing: New R	epairs Additional_			
Plans Attached: (yes)	(no)			
II no, description	TOT WOLK.			
Have the following perr Building per Fixtures- Put the total nu calculate the feed. Any a	mit Sewer Permi	t Right of way F extures in the box below.	The total is used to	
be issued. Any fixture to				
Water Closet	Bath Tub	Shower	Laundry tray	
Sink	Drinking Fountain	Toilet	Lavatories	
Total Fixtures ESTIMATED PROJEC	T COST· \$			

See Reverse side for FEES

Select	Plumbing Permit Fees	Filing Fee:	
	1 and 2 Family Dwelling	\$25.00	Plus \$5.00/fixture
	Commercial (includes multi-dwelling)	\$45.00	Plus \$5.00/fixture
	Sewer / Water line Repair/Replacement	\$10.00	Plus \$35.00
	Sump Pump	\$10.00	Plus \$15.00
	Bubbler (can be pulled by homeowner)	\$10.00	Plus \$15.00
	Hot Water Tank	\$10.00	Plus \$15.00
	Plumbing License Renewal	\$100.00	

PERMIT FEE :
The above application hereby states that the information given herein is correct and agrees to complete installation to comply with the NY Plumbing Code, City of Lackawanna ordinances and the satisfaction of the Plumbing Inspector.
License Number
Signature of Applicant