

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

**APPLICATION FOR PLUMBING PERMIT**

**DATE:** \_\_\_\_\_ 20\_\_ **PERMIT NO.** \_\_\_\_\_

**We hereby request a permit to install the plumbing described below**

**Master Plumber:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City and Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City and Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location of work:** \_\_\_\_\_

**Street cut / bond required: (yes)** \_\_\_\_\_ **(no)** \_\_\_\_\_

**Plumbing:** New \_\_\_\_\_ Repairs \_\_\_\_\_ Additional \_\_\_\_\_

**Plans Attached:** (yes) \_\_\_\_\_ (no) \_\_\_\_\_

If no, description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please be advised that Erie County Sewer (716-823-8188) needs to be contacted for any sewer work or demolitions that occur within the City of Lackawanna.**

**Have the following permits been obtained where required?**

Building permit \_\_\_\_\_ Sewer Permit \_\_\_\_\_ Right of way Permit \_\_\_\_\_

**Fixtures-** Put the total number of each type of fixtures in the box below. The total is used to calculate the feed. Any additional fixtures not reported must be paid before a final certificate will be issued. Any fixture to be installed that are not listed below, please write in the blank boxes.

Water Closet	Bath Tub	Shower	Laundry tray
Sink	Drinking Fountain	Toilet	Lavatories

Total Fixtures \_\_\_\_\_

**ESTIMATED PROJECT COST: \$** \_\_\_\_\_

**See Reverse side for FEES**

Select	Plumbing Permit Fees	Filing Fee:	Other:
	1 and 2 Family Dwelling	\$30	+ \$5 /fixture
	Commercial (includes multi-dwelling)		1% confirmed cost
	Sewer / Water line Repair/Replacement	\$15	+ \$50
	Sump Pump	\$15	+ \$25
	Bubbler / Drain Tile	\$15	+ \$35
	Hot Water Tank	\$15	+ \$15
	Plumbing License Renewal	\$100	

**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**