

# NORTH TONAWANDA PLUMBING PERMIT APPLICATION

## Current Owner Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Plumber: \_\_\_\_\_ Company Name: \_\_\_\_\_

Permit # \_\_\_\_\_ Smoke Detectors: YES NO

Permit Fee: \$ \_\_\_\_\_ Electrician: \_\_\_\_\_

## FIXTURES:

# Sinks: \_\_\_\_\_ # Sump Pumps: \_\_\_\_\_

# Bathtubs: \_\_\_\_\_ # Hot Water Tank: \_\_\_\_\_

# Showers: \_\_\_\_\_ # BF & Exp. Tank: \_\_\_\_\_

# Closets: \_\_\_\_\_ # Storm Line: \_\_\_\_\_

# Basin: \_\_\_\_\_ # Water Service: \_\_\_\_\_

# Handicap: \_\_\_\_\_ # Sewer Service: \_\_\_\_\_

# Laundry Tub: \_\_\_\_\_ # Gas line: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plumber Signature \_\_\_\_\_ Date: \_\_\_\_\_