



**CITY OF TONAWANDA  
BOARD OF HEALTH  
PLUMBING PERMIT APPLICATION**

PERMIT NO. _____  (This box for office use only)
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**JOB LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SBL No.:** \_\_\_\_\_

<b>OWNER:</b>	<b>APPLICANT:</b>
<b>ADDRESS:</b>	<b>COMPANY:</b>
<b>CITY:</b>	<b>ADDRESS:</b>
<b>PHONE:</b>	<b>CITY:</b>
<b>ESTIMATED COST: \$</b>	<b>PHONE:</b>

**THE CITY OF TONAWANDA WILL NOT REMOVE DISCARDED MATERIALS FROM THE CURB.  
PERMIT HOLDER MUST MAKE PROVISIONS FOR REMOVAL UNDER PENALTY OF LAW.**

**DESCRIPTION OF WORK TO BE PERFORMED:**

<input type="checkbox"/>	Install New
<input type="checkbox"/>	Alter Existing

<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	Sanitary Sewer
<input type="checkbox"/>	Storm Sewer

To A

<input type="checkbox"/>	Dwelling
<input type="checkbox"/>	Business Bldg.

The above property is located on a \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ highway.

**I HEREBY CERTIFY THAT ALL ABOVE INFORMATION IS CORRECT AND THAT THE PLAN DRAWN ON THE REVERSE OF THIS APPLICATION IS TO THE BEST OF MY KNOWLEDGE CORRECT AND IN COMPLIANCE WITH ALL APPLICABLE STATUTES. ANY DEVIATIONS FROM THE PROPOSED PLAN WILL BE SUBMITTED IN WRITING FOR APPROVAL BY THE PLUMBING INSPECTOR BEFORE PROCEEDING WITH SAID CHANGE.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

I do certify that I have examined the proposed plan and that to the best of my knowledge they conform to all applicable statutes:

\_\_\_\_\_  
Plumbing Inspector

**FEE:**

Qty.	ITEM	AMOUNT
	Filing Fee	
	Sanitary Sewer	
	Storm Sewer	
	Fixtures	
	Sump Pump	
	Water Line	
	Hot Water Tank	
	Other	
	<b>TOTAL:</b>	

**INSPECTIONS**

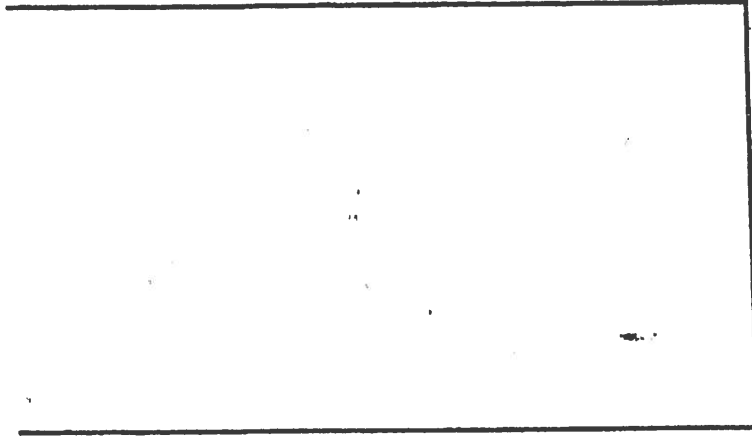
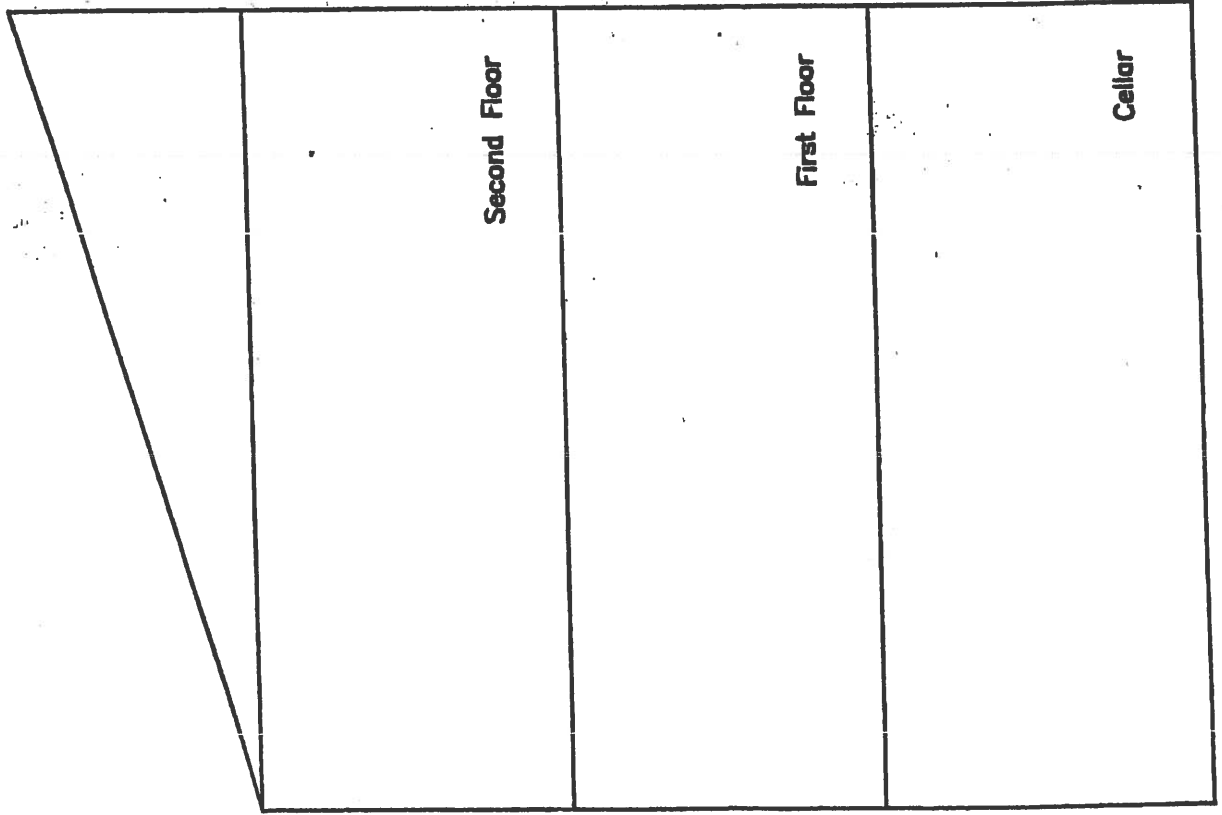
**SEWER** \_\_\_\_\_

**ROUGH** \_\_\_\_\_

**DATE OF FINAL INSPECTION:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

# Plan for Soil and Vent Piping



Front

EXISTING BUBBLER

Y N

Water Box & C.O. Locations