

# TOWN OF CLARENCE – MASTER PLUMBER APPLICATION

Date of Application: \_\_\_\_\_ Received By: \_\_\_\_\_ Permit # \_\_\_\_\_

**Construction Site:** \_\_\_\_\_ Zip Code \_\_\_\_\_

**Record Owner:** \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Licensed Master Plumber: \_\_\_\_\_

Signature \_\_\_\_\_ Estimated Project Value \_\_\_\_\_

<u>Fixtures</u>	<u>Quantity</u>
Water Closet _____	
Bathtub _____	
Lavatory _____	
Kitchen Sink _____	
Laundry Tray _____	
Shower _____	
Urinal _____	
Floor Drains _____	
Drinking Fountain _____	
Water Heater _____	
Dishwasher _____	
Disposal _____	
Sewage Ejector _____	
Sump Pump _____	
Mop Sink _____	
Grease Trap _____	
Oil Interceptor _____	
Roof Drains _____	
Garage Drains _____	
Hose Bibs _____	
Other _____	
<b>TOTAL:</b> _____	

**Application is hereby made to:**

Install New \_\_\_\_\_ Alter Existing \_\_\_\_\_

Plumbing \_\_\_\_\_  
 Storm Sewer \_\_\_\_\_  
 Sanitary Sewer \_\_\_\_\_

**For:** Residential \_\_\_\_\_  
 Commercial \_\_\_\_\_

Located on a: Town \_\_\_\_\_  
 State \_\_\_\_\_  
 County \_\_\_\_\_  
 Private \_\_\_\_\_

**Note: If this is a Town, County or State Highway, you must apply for a Right Away Permit at that office.**

**Pay the following fees to the: Town of Clarence**

Filing Fee	_____
Water Service	_____
Sanitary Sewer Permits	_____
Storm Sewer Permits	_____
Gas Line	_____
Fixtures _____ @ _____	_____
Inspections _____ @ _____	_____
<b>Total Fees</b>	<b>\$ _____</b>
<b>Check # _____</b>	<b>Date Paid _____</b>

I have examined the foregoing application and that it does conform to the Plumbing & Drainage regulations of the Town of Clarence and the Building Code of New York State.

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