

TOWN OF CLARENCE – SEWER PERMIT APPLICATION

Date of Application: _____ Received By: _____ Permit # _____

Construction Site: _____ Zip Code _____

Record Owner: _____ Phone _____

Address: _____ Zip Code _____

Contractor: _____ Phone# _____

Address: _____ Zip Code _____

Licensed Sewer Contractor: _____

Signature _____ Estimated Project Value _____

<u>Fixtures</u>	<u>Quantity</u>
Grease Trap	_____
Oil Interceptor	_____
Catch Basin	_____
Roof Drains	_____
Inside Conductors	_____
Floor Drains	_____
Garage Drains	_____
Water Service	_____
Other	_____
TOTAL:	_____

Application is hereby made to:

Install New _____ Alter Existing _____

Plumbing _____

Storm Sewer _____

Sanitary Sewer _____

For: Residential _____

Commercial _____

Located on a: Town _____

State _____

County _____

Private _____

Pay the following fees to the:

Town of Clarence

Filing Fees _____

Sanitary Sewer Permits _____

Storm Sewer Permits _____

Fixtures _____ @ _____

Inspections _____ @ _____

Total Fees \$ _____

Check # _____ Date Paid _____

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

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.

Plumbing Inspector _____ Signature _____