Town of Clarence, Building Dept.
6221 Goodrich Road
Clarence Center, New York 14032
Phone: 741-8950 Fax: 741-8517
Website: Clarence.ny.us

PLUMBING APPLICATION:

Fixture Units: / Quantity

Water Closet _____
Bathtub _____
Lavatory _____
Kitchen Sink _____
Laundry Tray _____
Shower _____
Urinal _____
Floor Drains _____
Drinking Fountain _____
Water Heater _____
Dishwasher _____
Disposer _____
Sewage Ejector _____
Sump Pump _____
Mop Sink _____
Grease Trap _____
Oil Interceptor _____
Roof Drains _____
Garage Drains _____
Hose Bibs _____
Other _____
TOTAL: _____

Pay the following fees to the:

Town of Clarence

Filing Fees_____$_____
Sanitary Sewer Permits_____$_____
Storm Sewer Permits_____$_____
Fixtures_____@_____$_____
Inspections _____@_____$_____
Total Fees_____**$**_____
Check #_____**Date Paid**_____

MASTER PLUMBER

Permit # _____

Address: _____
Plumber: _____
Owner: _____
Owner Phone #: _____
Sprinkler Contractor: _____

Plumbing and Drainage Plans:

Application is hereby made to:

_____Install New _____ Alter Existing

- Plumbing
- Storm Sewer
- Sanitary Sewer

FOR:

_____Residential
_____Commercial

Located at_____
which is a……

- Town
- State
- County
- Highway

Note: *If this is a Town, County or State Highway, you must make application for a Right Away Permit to that offic*

I certify that all of the information in this application is correct.

_____
Master Plumber

_____
Telephone

_____
Licensed Master Plumber

I do certify that I have examined the foregoing application and plans and that they conform to the Plumbing and Drainage regulations of the Town of Clarence and the Building Code of New York State.

_____
Plumbing Inspector