



**City of Buffalo - Department of Permit and Inspections**  
 65 Niagara Sq. City Hall Room 312 Buffalo, NY 14202 (716) 851-5067 fax (716) 851-5506

## PLUMBING PERMIT APPLICATION

Permit address \_\_\_\_\_  
 number street zip

Check Building Information				
# of stories	one family	two family	multi-family	commercial

Provide description of work performed \_\_\_\_\_

Using the plumbing permit fee schedule, please fill in the appropriate information.  
 Include total number of each of the following fixtures when required.

toilet _____	water heater _____	conductor _____
urinal _____	sump pump _____	laundry _____
basin _____	floor drain _____	drink fountain _____
bath tub _____	backflow device _____	catch basin _____
shower _____	sink _____	manhole _____
other _____	_____	_____

<b>APPLICATION FEE</b>	\$ 25.00
Plan review	PLANS required \$
Fixture fee 1 or 2 family # _____ @ \$12.00 each	\$
Fixture fee others # _____ @ \$16.00 each	\$
UG piping first 100 ft. any size @ \$60.00	\$
Additional UG piping 6" and under # total feet _____ @ \$20.00 each per 100	\$
Additional UG piping over 6" # total feet _____ @ \$55.00 each per 100	\$
Re-inspection @ \$50.00 each	\$
<b>DECLARED VALUATION \$ _____ TOTAL PERMIT</b>	<b>\$ _____</b>

I, the undersigned request permission to perform plumbing work within the City of Buffalo and I understand that all such work shall be in compliance with all applicable Codes, Rules & Regulations. I further declare under penalties of perjury, that I have examined said application and all information listed upon it is correct and accurately reflects all plumbing work being performed by myself and/or my company.

**Property Owner** \_\_\_\_\_ phone \_\_\_\_\_  
**Licensed Master Plumber** \_\_\_\_\_ phone \_\_\_\_\_  
**Business Name** \_\_\_\_\_ phone \_\_\_\_\_  
**Master Plumber Signature** \_\_\_\_\_ date \_\_\_\_\_

**IF YOU WANT PERMIT SENT BY EMAIL**, provide email address. \_\_\_\_\_

Permit approved by \_\_\_\_\_ date \_\_\_\_\_

For office use only: **Application #** \_\_\_\_\_