

CITY OF LOCKPORT
BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA

PHONE-439-6754

FAX-439-6605

BUILDING PERMIT APPLICATION FOR
PLUMBING

Job Location: _____ Date: _____

Owner: _____ Address (if different): _____

Phone: _____ City: _____ Zip: _____

Construction Cost: _____

Master Plumber(s): _____

Type of Plumbing: **Exterior:** (check one)

New Replacement Repair

Sewer Lateral Clean Out Trap

Water Lateral Back Flow Preventor Expansion Tank

Sump Pump Drain Tile Bubbler

Interior: (check one)

New Replacement Repair

Water Line (s) Sewer Lines

Number of Fixtures: _____

Please Attach at Sketch of Proposed Work

The Owner/ Applicant agrees to conform to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto and permit Building Department personnel to perform required inspections.

Applicant's Name:(if different than owner) _____ (attach letter of agency)

Owner/ Applicant Signature: _____ Date: _____