CITY OF LOCKPORT
BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA PHONE-439-6754 EMAIL-mbrewer@lockportny.gov

BUILDING PERMIT APPLICATION FOR HEATING & WATER HEATERS

Job Location:_____ Date:_____

Owner:_____ Address (if different):_____

Phone:_____ City:_____ Zip:_____

Construction Cost:_____

Master Plumber(s): _____

_____

Contractor (s): _____

Type of Heating Unit

____ Forced Air ____ Boiler ____ Steam ____ Water Heater

____ A/C Unit Other _____

**** Please note that a carbon monoxide detector and a smoke detector must be hardwired within 10 feet of the newly installed unit. ***

*** Please note that all A/C units installed outside must be screened according to the City of Lockport Zoning Ordinance. ****

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: _____