Village Of Williamsville

Building Department
5565 Main Street
Williamsville NY, 14221

Phone: 716-632-7747
Fax: 716-626-4964
www.walkablewilliamsville.com

Mechanical Permit Application

Jobsite Location: _____ **SBL:** _____

Applicant/Contractor:

Name:	Phone:
Address:	E-mail:
Estimated Cost:	License #:

Property Owner:

Name:	Phone:
Address:	E-mail:

Description of Property: ☐ Residential ☐ Commercial ☐ Other _____

Description of Work: ☐ New Heating Equipment Install ☐ Repair or Replace Heating Equipment
☐ New AC Equipment Install ☐ Repair or Replace AC Equipment

Date Work Will Begin: _____

Requirements prior to issuance of permit:

1. For exterior equipment, two (2) copies of survey indicating location of proposed equipment ☐ Supplied
2. For interior equipment, two (2) sets of plans indicating location of proposed equipment ☐ Supplied
3. For generators or similar equipment, include a copy of the manufacturer's brochure ☐ Supplied
4. Proof of Valid Insurance (liability, disability, and workers' compensation or NYS exemption) ☐ Supplied

Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations, and manufacturer's installation instructions and authorizes the Code Enforcement Officer and his deputy or assistants to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Applicant Signature: _____ **Date:** _____

Official Use Only:

Received By: _____ **Date Received:** _____ **Zoning:** _____ **Permit #:** _____

Approved: _____ **Denied:** _____ **Date:** _____ **Total Fees: $**_____ **Date Paid:** _____