

Buffalo Sewer Authority Sewer Connection Abandonment Permit Application Form

ALL PERMIT TYPES ISSUED EXPIRE ONE YEAR FROM ISSUE DATE

Plumbing / Contractor Name:			
Master Plumber Name:			
Phone:			
Email:			
License Expiration Date:			
Project Address:			
Number of Taps to be Abandoned:			
Street Cut Permit #:(Must be issued by City Street	ets Dept.)		
Site Contact Person / Phone #:			
Total Fees Due/ Enclosed: \$	Check #		
Master Plumber/ Authorized Representative Sig	gnature:		Date:
Please mail check to: Regina Harris Buffalo Sewer Authority 65 Niagara Square 1038 City Hall Buffalo, NY 14202		nnection Abandoni per tap to be aban	
Please allow $3-5$ business days from receipt of there is an issue with the application. Any additional transfer (716) 851-4664 ext. 4227.	• •	_	•
To schedule abandonment inspections, contact	the Chief Inspecto	r: (716) 830 – 6116	
For office use only:			
Check #: Amount: \$ Application Approved by:			