



Buffalo Sewer Authority Sewer Tap Permit Application Form

Plumbing Company Name: _____

Master Plumber Name: _____

Phone: _____

Email: _____

License Expiration Date: _____

Project Address: _____

Sewer Permit Type(s) (Sanitary and/or Storm): _____

Tap Size(s): _____

Street Cut Permit #: _____

(Must be issued by City Streets Dept.)

Site Contact Person / Phone #: _____

Total Fees Due/ Enclosed: \$ _____ Check # _____

Master Plumber/ Authorized Representative Signature: _____

Date: _____

Please mail check to:

Regina Harris
Buffalo Sewer Authority
65 Niagara Square
1038 City Hall
Buffalo, NY 14202

Tap Size	Fee
4 inch	\$100.00
6 inch	\$200.00
8 inch	\$300.00
10 inch	\$500.00
12 inch	\$800.00
15 inch	\$1,200.00
18 inch	\$1,800.00
21 inch or greater	\$2,500.00

Please allow 3 – 5 business days from receipt of the application for processing. You will be contacted immediately if there is an issue with the application. Any additional questions, please contact the **Assistant Sanitary Engineer at (716) 851- 4664 ext. 4227.**

To schedule tap inspections, contact our **Chief Inspector: (716) 830 – 6116.**