



**Buffalo Sewer Authority Sewer Tap 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: \_\_\_\_\_

Sewer Tap (size/type): \_\_\_\_\_

(Example: 6" Sanitary and/or Storm. If multiple connections please separate by commas)

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(s)
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 the **Chief Inspector: (716) 830 – 6116.**

**For office use only:**

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_