

TOWN OF CHEEKTOWAGA
2016 MASTER PLUMBERS LICENSE RENEWAL FORM

Please complete and submit the following for renewal of your Master Plumber license:

1. Fee of \$100, payable to: "Town of Cheektowaga".
2. Certificate of Insurance showing: Worker's Compensation (C105.2) policy number, and separate Disability (DB120.1) policy number- - with expiration dates; OR if you are not required by law to carry Worker's Compensation and Disability insurance, please submit Form C-105.21 **after submitting it to:** 107 Delaware Ave, Buffalo NY 14202, to be approved by the State of New York Worker's Compensation Board.

NOTE: The above items must be submitted together.
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU !
Accord forms are NOT ACCEPTABLE!

NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: Home: _____ Work: _____ Cell: _____

EMAIL: _____

COMPANY NAME: _____

COMPANY ADDRESS (if different): _____

CITY/STATE/ZIP: _____

FAILURE TO RENEW THIS LICENSE BY JANUARY 1, 2016 WILL PROHIBIT THE ISSUANCE OF PLUMBING PERMITS AND INSPECTIONS.

ALL APPLICATIONS MUST BE RENEWED BY THE MASTER PLUMBER IN PERSON,
AT THE BUILDING INSPECTIONS OFFICE. THE MASTER PLUMBER IS ALSO REQUIRED TO SIGN THE MASTER PLUMBERS LICENSE RENEWAL FORM AT TIME OF PAYMENT TO THE BUILDING AND PLUMBING DEPARTMENT.

MASTER PLUMBER SIGNATURE: _____

Building Department Use Only

New License License Renewal

License Year _____

Date Payment Received _____

By _____

Town Clerk's Office Use Only

Fee Paid _____

Receipt Number _____

Date License Issued _____

License Number _____