

Fuel Burning Appliance & Chimney Application

DATE: _____
 TAX MAP ID: _____
 ZONE: _____

<u>Office Use Only</u>	
Received	_____
Tax Map ID	_____
Permit No.	_____
Permit Fee	_____

OWNER	_____	PHONE / E-MAIL	_____
ADDRESS	_____		
INSTALLER / BUILDER	_____	PHONE / E-MAIL	_____
CONTACT PERSON FOR BUILDING & CODE COMPLIANCE: _____			
PHONE / E-MAIL _____		BUILDING ADDRESS _____	

ROOM OF INSTALL: _____ PLANNED INSTALL DATE: _____

FUEL BURNING APPLIANCE INFORMATION	WOOD	COAL	PELLET	GAS	OIL	NOTE: ROUGH-IN & FINAL INSPECTION ARE REQUIRED. NOTE: MANUFACTURER'S INSTALLATION MANUAL MUST BE AVAILABLE AT TIME OF INSPECTION
STOVE						
FIREPLACE INSERT						
FIREPLACE, FACTORY BUILT*						
FIREPLACE, MASONRY						
FURNACE (GARAGE ONLY)						
*If factory built provide manufacturer name: _____; Model #: _____ Listed by: _____ Number: _____						

CHIMNEY INFORMATION		
Masonry** (check one)	<input type="checkbox"/> BLOCK <input type="checkbox"/> BRICK <input type="checkbox"/> STONE	
Flue	<input type="checkbox"/> TIE <input type="checkbox"/> STEEL <input type="checkbox"/> Size in inches	
Material	<input type="checkbox"/> DOUBLE WALL <input type="checkbox"/> TRIPLE WALL <input type="checkbox"/> INSULATED	
** If non-masonry provide manufacturer name: _____; Model #: _____		

DECLARATION: Construction/installation must conform to NYS Fire Prevention & Building Code and/or manufacturer requirements. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and all conditions that are part of these requirements and also will allow inspector's to enter premises to perform required inspections.

I HAVE READ AND AGREE TO THE ABOVE:

PRINT NAME: _____ DATE: _____
 SIGNATURE: _____ DATE: _____