



**FUEL BURNING APPLIANCE &
CHIMNEY APPLICATION**

742 Bay Road, Queensbury, NY 12804
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Office Use Only

Permit #: _____

Permit Fee: \$ _____

Invoice #: _____

Project Location: _____ **Tax Map ID #:** _____

Room of Install: _____ **Planned Install Date:** _____

****ONE APPLICATION PER APPLIANCE****

CONTACT INFORMATION:

• **Applicant:**

Name(s): _____

Mailing Address, C/S/Z: _____

Cell Phone: _() _____ Land Line: _() _____

Email: _____

• **Primary Owner(s):**

Name(s): _____

Mailing Address, C/S/Z: _____

Cell Phone: _() _____ Land Line: _() _____

Email: _____

• **Installer/Builder:**

Business Name: _____

Contact Name(s): _____

Mailing Address, C/S/Z: _____

Cell Phone: _() _____ Land Line: _() _____

Email: _____

Contact Person for Building & Code Compliance: _____

Cell Phone: _() _____ Land Line: _() _____

Email: _____

FUEL BURNING APPLIANCE INFORMATION:

TYPE OF DEVICE:

___ Stove ___ Fireplace Insert ___ Fireplace

___ Fuel Fired Equipment (Garage Only, 18" clearance per IMC 304.3)

___ Fireplace, factory built**

**Manufacturer's name: _____ Model #: _____

SOURCE OF HEAT:

___ Wood ___ Coal ___ Pellet ___ Gas

CHIMNEY INFORMATION:

___ Masonry:
 ___ block ___ brick ___ stone

___ Flue:
 ___ tie ___ steel ___ size, in inches

___ Material*:
 ___ double-wall ___ triple-wall ___ insulated

(*Manufacturer's name: _____ Model #: _____)

ADDITIONAL INFORMATION:

1. Two inspections are required. A rough-in inspection, prior to installation and a final inspection, after installation.
2. Manufacturer's installation manual must be available at the time of inspection.
3. Masonry fireplaces & chimneys **require** plans to be submitted.
4. **Twenty-four (24) hour notification is required for inspections.**

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 the inspector to enter the premises to perform the required inspections.

I have read and agree to the above:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____