**FUEL BURNING APPLIANCE & CHIMNEY APPLICATION**

Office Use Only

Permit #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Fee: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice:#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

742 Bay Road, Queensbury, NY 12804

P: 518-761-8256 [www.queensbury.net](http://www.queensbury.net)

**Project Location:** Click or tap here to enter text. **Tax Map ID #:** Click or tap here to enter text.

**Room of Install:** Click or tap here to enter text. **Planned Install Date:** Click or tap here to enter text.

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

**CONTACT INFORMATION:**

* **Applicant:**

Name(s): Click or tap here to enter text.

Mailing Address, C/S/Z: Click or tap here to enter text.

Cell Phone: ( ) Land Line: ( )

Email: Click or tap here to enter text.

* **Primary Owner(s):**

Name(s): Click or tap here to enter text.

Mailing Address, C/S/Z: Click or tap here to enter text.

Cell Phone: ( ) Land Line: ( )

Email: Click or tap here to enter text.

**Check if all work will be performed by homeowner only**

* **Installer/Builder: Workers’ Comp documentation must be submitted with this application**

Contact Name(s): Click or tap here to enter text.

Contractor Trade: Click or tap here to enter text.

Mailing Address, C/S/Z: Click or tap here to enter text.

Cell Phone: ( ) Land Line: ( )

Email: Click or tap here to enter text.

Contact Person for Building & Code Compliance: Click or tap here to enter text.

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: Click or tap here to enter text. Model #: Click or tap here to enter text.

SOURCE OF HEAT:

Wood  Coal  Pellet  Gas

CHIMNEY INFORMATION:

Masonry (**require** plans to be submitted):

block  brick  stone

Flue:

tile  steel  size, in inches

Material\*:

double-wall  triple-wall  insulated

(\*Manufacturer’s name: Click or tap here to enter text. Model #: Click or tap here to enter text. )

**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.**
5. Workers’ Comp insurance information is required with this application.

**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: Click or tap here to enter text.

SIGNATURE: Click or tap here to enter text. DATE: Click or tap here to enter text.