VILLAGE OF CHITTENANGO

CODE ENFORCEMENT OFFICE
222 GENESEE STREET
CHITTENANGO, NEW YORK 13037
PHONE (315) 687-5143 & FAX (315) 687-6622

Application for Permit for Solid Fuel Burning Device Installation

Owner:_____ Date:_____

Address:_____ Phone:_____

_____ Tax #:_____

Contractor:_____ Contact Person:_____

Address:_____ Phone:_____

_____

Property Use: Residential ___ Commercial ___ Other _____

Type of Construction of Structure where Appliance is to be installed: _____

_____

Type of Appliance:_____ Brand Name:_____

Is this Appliance listed as Approved by a Certifying Agent: Yes___ No ___
Agency:_____ Manufacture:_____
Model (# or name) _____

This Appliance will be connected to: New Chimney ___ Existing Chimney ___

Type of Fuel to be used:_____ Location of Appliance:_____

Appliance Use: Primary Heat ___ Supplemental Heat ___ Cooking ___ Decorative ___

Estimated Cost(materials & labor):_____ Fee:_____

Application for Permit for Solid Fuel Burning Device Made to the building department for the issuance of a building permit pursuant to the Building Code of New York State & Fire Code and Property Maintenance Code of New York State and all other applicable regulations. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Signature of Owner of Property: _____
Date:_____

Diagram of Location of Appliance:

Examined:_____

Approved: _____ Permit #:_____

Disapproved a/c:_____

Code Enforcement Officer:_____