



1915 Lucas Avenue
Cottkill, NY 12419

Phone (845) 658-3159
Fax (845)658-8744

Application for Fuel Burning Devices

Permit Number: _____
Date: _____

Owners Name: _____
Mailing Address: _____
Phone _____
Section _____ Block _____ Lot _____

1. MANUFACTURER: _____ Model Number _____
Freestanding _____ or Insert _____ (check one) UL Number _____
New ___ Used _____ (check one)

2. TYPE OF DEVICE * Wood ___ Coal ___ Pellet ___ Propane ___ Oil ___
Combination ___ Fireplace ___ Zero Clearance ___
(Check all that apply)

• **MUST PROVIDE A COPY OF THE MANUFACTORS SPECIFICATION AND INSTALLATION MANUAL AT TIME OF INSPECTION**

3. TYPE OF CHIMNEY: Masonry ___ or Metal _____
Existing ___ or New _____

4. INSTALLATION BY: Self _____ Contractor/Vendor (must complete below)
Contractor's /Vendor Name _____
Address _____

Homeowner's workers comp exemption information (BP-1)

Contractor/Vendor must provide a certificate of Insurance with the Town listed as the Certificate holder. Must provide a (CE-200)

The issuance of such Certificate of Compliance shall not be deemed to give rise to any claim or cause of action for damages against the local government or local official for damages resulting from operation or use of such fuel burning heating appliance, chimney or flue.

APPLICANT SIGNATURE: _____ DATE: _____

Permit to Install: Approved _____ Denied _____

Approved By: _____ Date: _____
Fee Received: _____ Date: _____

Certificate of Compliance: Approved _____ Denied _____
Approved By: _____ Date: _____