



1915 Lucas Avenue  
Cottkill, NY 12419

## Fuel Burning Devices Application

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

Date: \_\_\_\_\_ Permit Number \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-Mail 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**

3. TYPE OF CHIMNEY: Masonry \_\_\_ or Metal \_\_\_  
Existing \_\_\_ or New \_\_\_

4. INSTALLATION BY: Self \_\_\_ Contractor/Vendor (must complete below)  
Contractor's /Vendor Name \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone \_\_\_\_\_

Homeowners 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: \_\_\_\_\_