Property Owner

Mailing Address

City       , NY Zip       Phone (     )     -

Project Address

Material & Labor Costs Estimate $       Work start date   /    /

Stove/furnace permit fee: **$40**.00 (Cash or check payable to the *Town of Canadice*) Estimated end date   /    /

[ ]  Chimney or [ ]  Vent; [ ]  Existing or [ ]  New installation; [ ]  Prefabricated or [ ]  Masonry

Type of support: [ ]  Wall [ ]  Ceiling [ ]  Roof

Stove pipe size:    inches Liner size:    inches Liner material: [ ]  Masonry clay or [ ]  Masonry relined

House type: [ ]  Single Family [ ]  Manufactured Home [ ]  Apartment

Stove/Furnace manufacturer:

Model Number:       Serial Number:

Fuel: [ ]  Pellet [ ]  Wood/coal [ ]  Gas (\_\_LP or \_\_Natural) If gas, [ ]  Standing pilot light, or [ ]  Electronic ignition

Contractor

Address

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance [ ]  Yes**\*** [ ]  Not required [ ]  CE-200 form attached\*

Liability Insurance Certificate [ ]  Yes**\*** [ ]  Not required

 **\*** *Current* certificates must be on file with the Town of Canadice.

Submit the following information with this permit application:

1. \_\_\_\_\_ Spec for heating unit and chimney (as provided by the Manufacturer)
2. \_\_\_\_\_ Floor plan to scale (show installation and nearest windows, interior doorways, and exterior doorways)
3. \_\_\_\_\_ Elevation (show chimney or vent installation)
4. \_\_\_\_\_ Combustion air calculations for unvented units (see Manufacturer’s info)
5. \_\_\_\_\_ Setback location for masonry chimney from property lines

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ Permit # Plans approved by

 Approved Not approved Tax Map ID No.

Solid Fuel-burning Equipment

Installation at:

Property owner

Address City State Zip Code

This statement certifies that the work done for this installation complies with the 2015 International Mechanical Code, Sections 805 – 905 and also with the manufacturer’s specifications.

Business Name of Installer

Signature of Business Representative Date

**NOTE**: This statement must be completed and submitted to the Town of Canadice Building Department before a Certificate of Compliance may be issued.