

# Town of York

## APPLICATION FOR PERMIT – SOLID FUEL APPLIANCE, CHIMNEY OR FLUE

Date \_\_\_\_\_, 20\_\_\_\_

### INSTRUCTIONS:

- A. The work covered by this application shall not be commenced before the issuance of a building permit.
- B. Building Official to be notified 24 hours prior to commencing installation of a solid fuel appliance, chimney or flue.
- C. The appliance, chimney or flue covered by this application shall not be enclosed until installation has been inspected by the Building Official.
- D. The appliance, chimney or flue installation covered by this application **shall not be placed in use** until a final inspection by the Building Officer has been made and a certificate of compliance issued.

APPLICATION IS HEREBY MADE to the Building Official for the issuance of a Building Permit pursuant to the New York State Executive Law, Section 378, and 9NYCRR, Part 1197, for the installation of a solid fuel burning appliance, chimney or flue. The applicant agrees to comply with applicable law, ordinances and regulations.

**Town of York**  
**Application for Permit for Solid Fuel Burning Appliance**

Name of Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_ Date Issued: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Tax Map ID #: \_\_\_\_\_

1. Location of where work will be done: \_\_\_\_\_

2. Nature of Work: \_\_\_\_\_

3. Type of Appliance (**check one**):

Freestanding Stove       Furnace       Hearth Stove  
 Fireplace Inset       Boiler       Other (See 7B)

4. Room appliance is located in (**check one**):

Basement       Garage  
 Furnace Room       Living-Family Room  
 Entry Way       Kitchen  
 Bedroom       Other (See 7B)

5. Appliance Information:

a. Name of Manufacture \_\_\_\_\_  
b. Model \_\_\_\_\_  
c. Unit Listing  YES  NO Type \_\_\_\_\_

6. Pre-fabricated Metal Class A Chimney (**check one**):

a. Type of Listing  UL103  UL103HT  NFPA 211  
b. Size of Flue \_\_\_\_\_  
c. Brand name of chimney \_\_\_\_\_  
d. Chimney manufacturer \_\_\_\_\_  
e. Type of Chimney (**Check one**):  
 Triple wall       Solid Insulated  
 Thermosypon       Other (See 7B)

**Town of York**  
**Application for Permit for Solid Fuel Burning Appliance**

7. Masonry Chimney (**check one**):

a. Type of material

\_\_\_\_Brick    \_\_\_\_Concrete Block    \_\_\_\_Stone

b. Type of material of Liner (**check one**):

\_\_\_\_Fire Clay    \_\_\_\_Stainless Steel

\_\_\_\_Poured Masonry    \_\_\_\_Other (See 7B)

**If other, specify:** \_\_\_\_\_

8. Name of Installer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

9. Does proposed construction violate any zoning Law, ordinance or regulation? \_\_\_\_\_

\_\_\_\_\_

10. Estimated value of project: \_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT I AM THE \_\_\_\_\_

And that I am duly authorized to make and file this application. That all statements contained in this application are true to the best of knowledge. Also that the work will be performed in the manner set forth in this application and plans filed herewith.

DATE: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

