

TOWN OF LEYDEN

PERMIT APPLICATION FOR INSTALLATION OF HEATING APPLIANCES AND / OR ASSOCIATED CHIMNEYS AND FLUES

ENFORCEMENT OFFICER

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TOWN CLERK

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Boonville, NY 13309
Phone (315) 942-3444

DATE _____

Permit Fee \$ 35.00

PERMIT NUMBER _____

Property Owner _____ **Exact Property Location:** _____

Address _____

Town of Leyden

Phone # () _____

Tax Map # _____

Applicant: _____
(If Different Than Owner)

Total Estimated Cost of Project \$ _____

Address: _____

Email address _____

Phone # () _____

PROPOSED ACTIVITY (Check all appropriate)

- ☐ Install Fuel Burning Appliance. (Complete Section A)
- ☐ Installation of Chimney for Fuel Burning Appliance. (Complete Section B)
- ☐ Connection of Fuel Burning Device to Chimney or Passage of Connectors or Chimney through wall or ceiling. (Complete Section C)

TYPE OF CONSTRUCTION OF STRUCTURE WHERE SOLID FUEL BURNING APPLIANCE OR CHIMNEY IS TO BE INSTALLED

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Masonry | <input type="checkbox"/> Pre-Manufactured Housing |
| <input type="checkbox"/> Steel | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Outside Stove/Boiler |
| <input type="checkbox"/> Other | | |

SECTION A – FUEL BURNING APPLIANCE

APPLIANCE TO BE INSTALLED BY:

- ☐ Property Owner/Applicant
☐ Professional:

THIS APPLIANCE WILL BE CONNECTED TO:

Name _____

- ☐
- New Chimney (See Section B)

Address _____

- ☐
- Existing Chimney

- ☐
- Previously Used for Solid Fuel Appliance

Equipment

- ☐
- Previously Use for Non-Solid Fuel

TYPE OF FUEL BURNING APPLIANCE**IS THIS APPLIANCE LISTED AS APPROVED BY A CERTIFYING AGENCY**

- ☐ Fireplace
 ☐ Masonry
 ☐ Zero Clearance

- ☐
- NO
- ☐
- YES – AGENCY _____

Manufacturer: _____

- ☐ Fireplace Insert
☐ Freestanding Stove
☐ Hearth Stove
☐ Furnace

Model: No. or Name _____

FUEL TO BE USED:**ROOM APPLIANCE IS TO BE LOCATED IN:**

- | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Oil | <input type="checkbox"/> Basement | <input type="checkbox"/> Living/Family Rooms |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Coal | <input type="checkbox"/> Propane | <input type="checkbox"/> Furnace Room |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Pellets | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Kitchen |
| | | <input type="checkbox"/> Other _____ | |

USE: (Check all that apply) ☐ Primary Heat ☐ Decorative ☐ Supplementary Heat ☐ Cooking

Appliance Flue Discharge Size (diameter in inches) _____

TYPE OF FLOOR PROTECTION UNDER AND AROUND APPLIANCE (Describe) _____

SECTION B -- CHIMNEY FOR FUEL BURNING DEVICE

CHIMNEY TO BE INSTALLED BY:**TYPE OF CHIMNEY CONSTRUCTION**

- ☐ Property Owner/Applicant
☐ Professional: Name _____

- (Check one in each column):
☐ Masonry ☐ Built On-Site

Address _____

- ☐
- Steel
- ☐
- Prefabricated

Manufacturer: _____

Size & Depth of Footer for Masonry Chimney _____

Is/are there any construction or obstacles within three (3) feet of chimney other than structure chimney is attached to? ☐ YES ☐ NO

CHIMNEY WILL BE: ☐ External ☐ Internal

Size of Flue (in inches) _____

Type of Liner: ☐ Clay Flue ☐ Steel ☐ Other _____

Type of Material Used to Support and Brace Chimney _____

CHIMNEY WILL EXTEND _____ FEET ABOVE ROOF WHERE LOCATED

CHIMNEY WILL EXTEND _____ FEET ABOVE PEAK OF ROOF

IS THERE MORE THAN ONE HEATING APPLIANCE PER CHIMNEY FLUE PROPOSED? ☐ YES ☐ NO

CHIMNEY WILL BE _ INCHES FROM COMBUSTIBLES OUTSIDE

CHIMNEY WILL BE _ INCHES FROM COMBUSTIBLES INSIDE

FLUE JOINTS WILL BE SEALED TOGETHER BY _____

SECTION C – CONNECTORS AND WALL OR CEILING PASSAGES

Using space below or on a separate sheet of paper diagram any wall or ceiling and/or roof passages including size of connectors, collars, etc. and distance to combustibles.

Diagram proposed installation of Fuel Burning Appliance including distances from floor, ceiling, walls, and all combustible materials

Contractor's PROOF OF COMPENSATION OR EXEMPTION MUST ACCOMPANY THIS APPLICATION EXEMPTION FORMS CAN BE COMPLETED ON LINE AT http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp Request WC/DB Exemption (Form CE-200)

FUEL BURNING APPLIANCES ARE TO BE INSTALLED ACCORDING TO MANUFACTURERES INSTALLATION INSTRUCTIONS. THE INSTALLATION INSTRUCTIONS ARE TO BE AVAILABLE FOR INSPECTION UPON COMPLETION OF THE INSTALLATION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant _____ Date _____

I, the undersigned, Building Inspector do hereby recommend that the within building permit application be (approved) (denied). (If the Building Inspector recommends denial of the building permit application, then his reasons are to be attached to the building permit application.)

Date _____ Building Inspector _____

ALL CONSTRUCTION SHALL CONFORM TO ALL TOWN AND LOCAL ZONING AND SANITARY CODES AND THE CODES OF NEW YORK STATE