PERMIT #_____
PERMIT FEE$ 50.00

Town of Lowville
5533 Bostwick Street
Lowville, New York 13367
(315) 376-8070 ext 6 – Fax (315) 376-3099

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

Property Owner _____ Exact Property Location: _____
No. Street

Address _____ _____

_____ Town of: Lowville

Phone # (___)_____ Tax Map # _____

Applicant: _____ Total Estimated Cost of Project $_____
(If Different Than Owner)

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

[ ] Mobile Home [ ] Masonry [ ] Pre-Manufactured Housing
[ ] Steel [ ] Wood Frame [ ] Outside Stove/Boiler [ ] Other

SECTION A – FUEL BURNING APPLICANCE

APPLICANCE TO BE INSTALLED BY:

[ ] Property Owner/Applicant
[ ] Professional:
Name_____

Address _____

_____

THIS APPLIANCE WILL BE CONNECTED TO:

[ ] New Chimney (See Section B)

[ ] Existing Chimney

[ ] Previously Used for Solid Fuel Appliance

[ ] Previously Use for Non-Solid Fuel Equipment

TYPE OF FUEL BURNING APPLIANCE

[ ] Fireplace
  [ ] Masonry
  [ ] Zero Clearance

[ ] Fireplace Insert
[ ] Freestanding Stove
[ ] Hearth Stove
[ ] Furnace
[ ] Boiler
[ ] Other _____

IS THIS APPLIANCE LISTED AS APPROVED BY A CERTIFYING AGENCY

[ ] NO [ ] YES – AGENCY _____

Manufacturer: _____

Model: No. or Name _____

FUEL TO BE USED:

[ ] Wood [ ] Oil
[ ] Coal [ ] Propane
[ ] Pellets [ ] Natural Gas

ROOM APPLIANCE IS TO BE LOCATED IN:

[ ] Basement [ ] Living/Family Rooms
[ ] Furnace Room [ ] Kitchen
[ ] 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:

[ ] Property Owner/Applicant
[ ] Professional: Name _____

Address _____

_____

TYPE OF CHIMNEY CONSTRUCTION

(Check one in each column):

[ ] Masonry [ ] Built On-Site
[ ] 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 _____

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 or Authorized Agent _____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**
Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State
Energy Conservation Construction Code of New York State
Property Maintenance Code of New York State
Fuel Gas Code of New York State - Residential Code of New York State
Mechanical Code of New York State

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

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.

SECTION C – CONNECTORS AND WALL OR CEILING PASSAGES

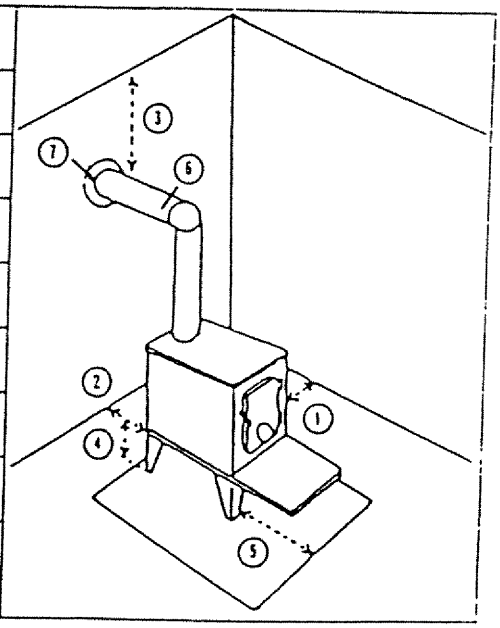
Using space below or on a separate sheet of paper –

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

CLEARANCES (See numbers on diagram at right)

1.	_____ Inches	Side of unit to nearest wall
2.	_____ Inches	Rear of unit to wall
3.	_____ Inches	Top of stove pipe to ceiling
4.	_____ Inches	Bottom of unit to floor
5.	_____ Inches	From loading door to front edge of floor protection
6.	_____ Inches	Size of pipe used (diameter)
7.	_____ Inches	Size of thimble or roof joist shield
8.	_____ Feet	Total stove pipe length
9.	☐ Yes ☐ No	Do these distances comply with the manufacturer's standards?



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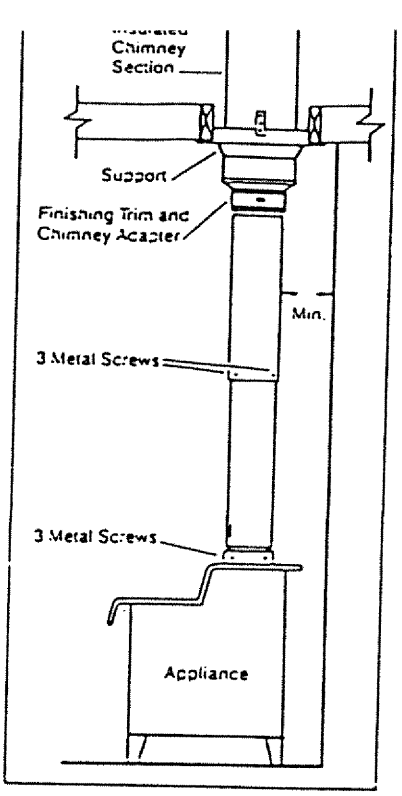
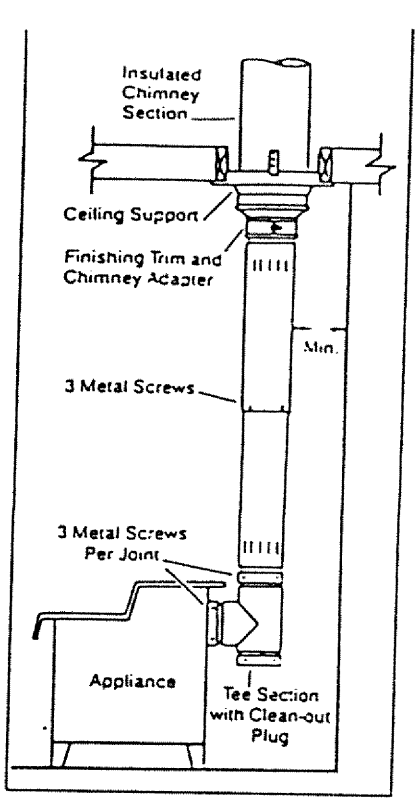
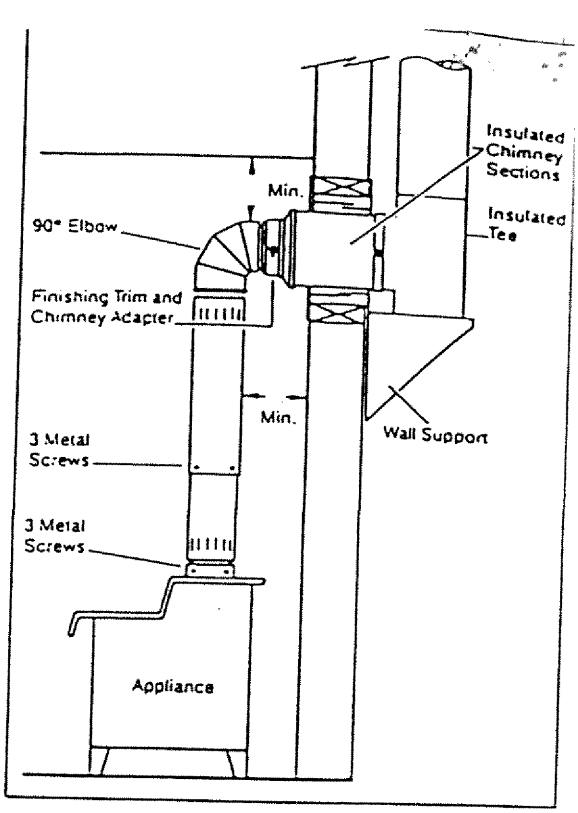
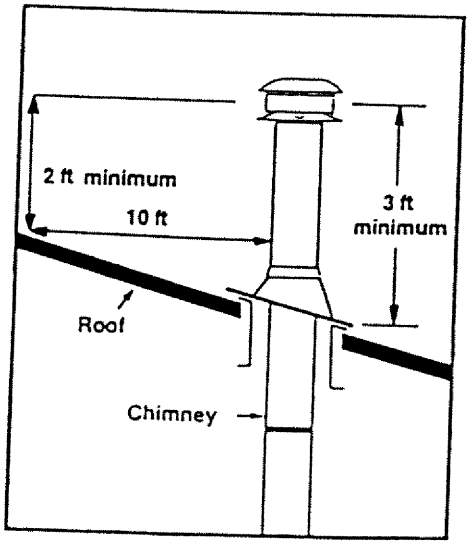


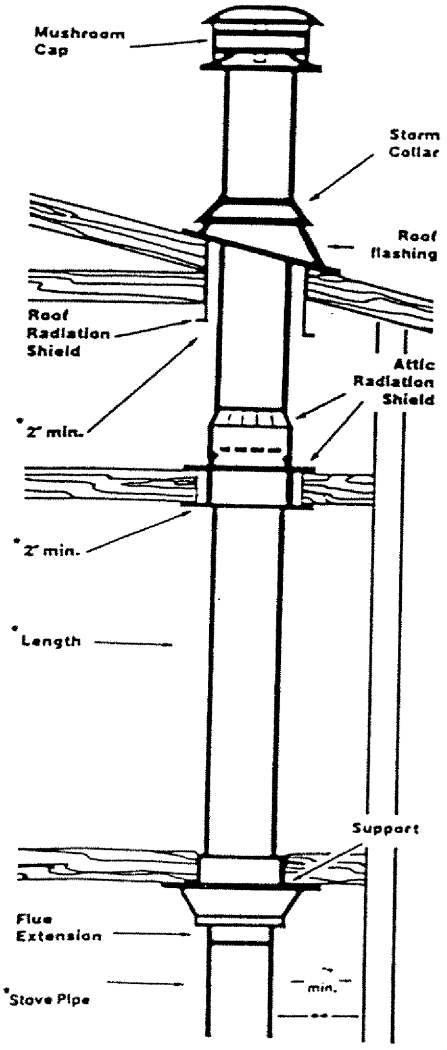


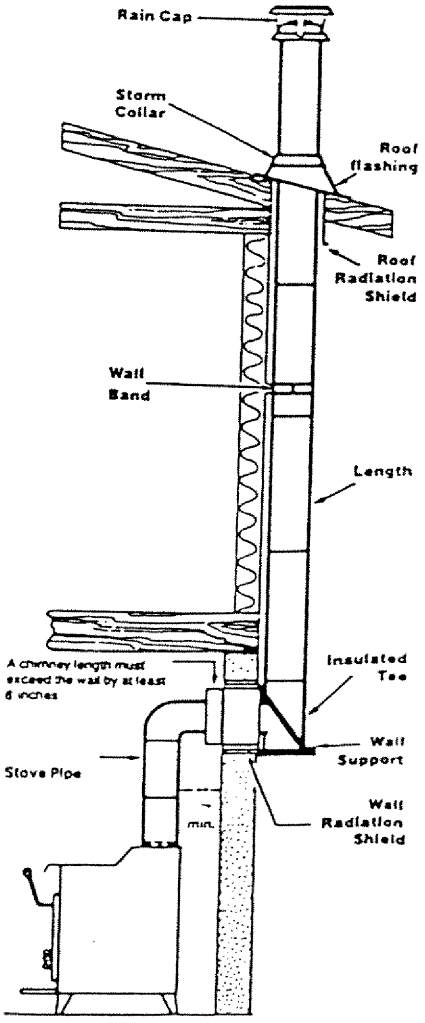


INTERIOR INSTALLATION

EXTERIOR INSTALLATION







*SEE APPLIANCE MANUFACTURER INSTALLATION INSTRUCTIONS FOR THIS CLEARANCE.

**The required minimum clearance for single wall stove pipe is 18 inches.

As required by NYS Worker's Compensation Law, the Code Enforcement Office is required to obtain proof of worker's compensation or an exemption from all contractors working on your project. We may have them on file, however to ensure your application/permit is not delayed for lack of proof, we request that you supply us with a list of contractors you're planning to use. You will be notified if we do not have proof of compensation on file for your contractor.

General Contractor
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Masonry
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Excavation
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Builder/Framer
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Plumbing
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Heating
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Electrical
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Insulation
Name: _____ Phone: _____

Address: _____

Proof of Comp _____

Pool
Name: _____ Phone: _____

Address: _____

Proof of Comp _____