## TOWN OF CLIFTON PARK SARATOGA COUNTY, NEW YORK 518-371-6702 Fax 518-383-2668

## APPLICATION FOR HEAT PRODUCING EQUIPMENT

Date

Permit No.

APPLICATION IS HEREBY MADE for the issuance of a Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the installation of a solid fuel burning appliance, chimney or flue as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and codes, and also will allow inspectors to enter the premises for the required inspections.

## APPLIANCE TYPE:

Applicant's Name	Applicant must list manufacturer and model number for <u>each</u> appliance being installed.	
Address		() Fireplace Insert
Zip	() Woodstone or Cas Stone	· · · •
Phone	() Gas Logs – Vented	
Owner's Name	Manufacturer:	
	Model:	
Address		
Zip		
Phone	() Furnace	() Boiler
	Manufacturer:	
Address of Construction	Model:	
	Location:	
	() Water	r Heater
COPY OF MANUFACTURER'S	Manufacturer:	
SPECIFICATIONS REQUIRED FOR		
FACTORY BUILT APPLIANCES AND	Location:	
CHIMNEYS. MUST BE INSTALLED	FUEL TYPE:	
ACCORDING TO SPECIFICATIONS. COPY	() Wood () Natur	ral Gas ( ) LPG
OF CONSTRUCTION DETAIL REQUIRED	() Coal () Electr	ric () Other
FOR MASONRY FIREPLACES AND	* Conversion from oil to gas?	( ) Yes ( ) No
CHIMNEYS.		
	Signature of Owner, Applicant or Agent	

The application of \_\_\_\_\_\_ dated \_\_\_\_\_\_ is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above. Reason for refusal of permit:

Dated \_\_\_\_\_

**Authorized Signature**