

**TOWN OF GUILDERLAND
FIRE PREVENTION AND INSPECTION
P.O. BOX 339
GUILDERLAND, NY 12084-0339
Ph: 518-356-1980**



FUEL BURNING APPLIANCE & CHIMNEY APPLICATION

Application is hereby made to the Fire Prevention Bureau for the issuance of a Fuel Burning Appliance permit, pursuant to the New York State Fire Prevention Code and NFPA 211. This Permit shall be limited to the construction or installation of a fuel-burning appliance. **With the installation or repair, of fuel-fired appliances and equipment, solid-fuel burning appliances and equipment, construction of fireplaces and chimneys, a carbon monoxide alarm shall be installed within each dwelling unit or sleeping unit on the lowest story have a sleeping area.** The applicant and/or owner agrees to comply with all applicable laws, ordinances, regulations and to also allow inspectors to enter the premises for required inspections.

APPLICANT	First Name	Last	M	OWNER INFORMATION (IF DIFFERENT)	First Name	Last	M		
	Street Address				Street Address				
	City		State		City		State		
	Telephone				Telephone				
	E-mail				E-mail				
	Signature		Date		Signature		Date		

COMPENSATION CARRIER

Name of Compensation Carrier: _____

Policy Number: _____

FUEL BURNING APPLIANCE AND CHIMNEY INFORMATION

Appliance Type	<input type="checkbox"/> Boiler	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Stove	<input type="checkbox"/> Insert	
Fuel	<input type="checkbox"/> Gas	<input type="checkbox"/> Wood	<input type="checkbox"/> Propane	<input type="checkbox"/> Pellet	<input type="checkbox"/> Coal
Masonry Chimney	<input type="checkbox"/> Flue	<input type="checkbox"/> Tile	<input type="checkbox"/> Size _____	<input type="checkbox"/> Height _____	
Masonry Fireplace	<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Damper	<input type="checkbox"/> Glass Doors	<input type="checkbox"/> Stone Opening Size _____

FACTORY BUILT FIREPLACE

Manufacturer: _____

Model: _____

Size: _____

Listed by: _____

Number: _____

FACTORY BUILT CHIMNEY

Manufacturer: _____

Model: _____

Size: _____

Listed by: _____

Number: _____

Height: _____ Double Wall: _____ Triple Wall: _____ Insulated: _____

WOOD STOVES

Manufacturer: _____

Model: _____

Size: _____

Listed by: _____

Number: _____

Manufacturer's Specifications, Detailed Drawings, and at least 24 hours notification are required before inspection.

Any modification of plans on file with the Fire Prevention Bureau or Building Department is hereby acknowledged.

Owner, Applicant, or Agent Name Printed

Signature of Owner, Applicant, or Agent

Date Signed

FOR OFFICE USE ONLY

Approved

Disapproved

C/O Issued

Signature of Inspector

Date