

## **TOWN OF AVA**

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

#### **ENFORCEMENT OFFICER**

Joseph Pfeiffer Jr.  
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Boonville, N.Y. 13309  
Phone (315) 942-5705  
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Email [inspectorjoep@aim.com](mailto:inspectorjoep@aim.com)

#### **TOWN CLERK**

Amanda Lomber  
P. O. Box 68  
Ava, NY 13303  
Phone (315) 371-7475

**DATE** \_\_\_\_\_

**Permit Fee \$ 35.00**

**PERMIT NUMBER** \_\_\_\_\_

**Property Owner** \_\_\_\_\_ **Exact Property Location:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Town of Ava**

**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***

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| <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       |                                     |   |

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**SECTION A – FUEL BURNING APPLIANCE**

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**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

- ☐ Previously Use for Non-Solid Fuel

**Equipment****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"/> 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) \_\_\_\_\_

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**SECTION B -- CHIMNEY FOR FUEL BURNING DEVICE**

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**CHIMNEY TO BE INSTALLED BY:**

- ☐ Property Owner/Applicant  
☐ Professional: Name \_\_\_\_\_

**TYPE OF CHIMNEY CONSTRUCTION**

(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 \_\_\_\_\_

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### **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](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**