



# Town of Moreau

Building and Zoning Dept.

Town Office Complex

351 Reynolds Road

Moreau, NY 12828-9261

Phone: (518) 792-4762 ~ Fax: (518)792-4615

## SOLID FUEL BURNING DEVICE & CHIMNEY PERMIT APPLICATION REQUIREMENTS

**No construction activities may commence until an approved permit is issued**

**TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ONE COPY)**

- 1) **FILL OUT APPLICATION CLEARLY AND COMPLETELY.** Name, address, contact information and signature of the property owner, applicant, or contractor is required.
- 2) **MANUFACTURE** specifications and installation manual information is required.
- 3) **DETAILED PLANS/DRAWING-** including but not limited to:
  - a. Floor plan drawn to scale showing clearance from burning appliance to combustible wall/floor
  - b. Material used for fuel burning appliances or chimney
- 4) **INSURANCE:** REQUIRED by Homeowner or Contractor
  - a. **Homeowner:**
    - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage **form CE-200**
    - ii. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
  - b. **Contractor:**
    - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
    - ii. Certificate of Disability: **Form DB-120.1 or DB-155**
    - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits: **Form CE-200**

**ACORD forms are NOT acceptable proof of Workers Compensation or Disability Insurance Coverage**

- 5) **FEE** as per fee schedule -Collected when application is approved

# TOWN OF MOREAU HYDRONIC HEATER PERMIT APPLICATION

## LOCATION Information

Job Site Address \_\_\_\_\_ Tax Map ID \_\_\_\_\_  
 Total Cost of Work \$ \_\_\_\_\_ Zoning District \_\_\_\_\_

## OWNER Information

Owners Name (PRINT) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONTRACTOR Information (if applicable)

Applicant (PRINT) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

CHECK Applicable Appliance/Type	WOOD	COAL	PELLET	GAS	OIL
Stove					
Fireplace Insert					
Fireplace, Factory Built*					
Fireplace, Masonry					
*If factory built provide:	Manufacturer Name: _____		Model #: _____		
	Listed by: _____		Number: _____		

## CHIMNEY Information (CHECK ONE)

Masonry	_____ Block	_____ Brick	_____ Stone		
Flue	_____ Tile	_____ Steel	_____ Size in inches		
Metal	_____ Double wall	_____ Triple wall	_____ Insulated	_____ Direct Vent	_____ Chimney Liner
If non-masonry provide:	Manufacturer Name: _____		Model #: _____		

I affirm that the information I've given on this application is correct and complete and I understand that the Town will rely on this information in making its decision.

(PRINT)Name : \_\_\_\_\_ (SIGN) Name: \_\_\_\_\_

**OFFICIAL USE ONLY**

Permit Fee: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expire Date: \_\_\_/\_\_\_/\_\_\_ Permit #: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## **REQUIRED INSPECTIONS: 24 HOUR NOTICE REQUIRED**

\*\*\*\* Please do **NOT** leave requests for inspections on voicemail.

Inspections requested via voicemail may not be scheduled. \*\*\*\*

- **SITE INSPECTION** - to verify the location of the pool
- **FOOTING INSPECTION** (Before pouring concrete)
- **FRAMING INSPECTION** (Before installing appliance)
- **FINAL INSPECTION** - (All required work must be completed)

