

# BUILDING PERMIT APPLICATION

## SOLID FUEL BURNING APPLIANCE AND / OR CHIMNEY

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| <i>Office Use Only</i><br>PERMIT NO. _____ | <b>CODE ENFORCEMENT OFFICE</b><br>6 SOUTH PARK STREET<br>CLYDE, NY 14433 | <i>Office Use Only</i><br>PERMIT FEE: \$ 15.00 |
|--|--|--|

(315) 923-3971 (Village of Clyde)

(315) 923-7259 (Town of Galen)

IMPORTANT INFORMATION: This is an application for a permit to install, modify, or replace a solid fuel burning appliance and / or chimney (including but not limited to room heaters, stoves, fireplace inserts, boilers, etc.).  
Instructions for completing this application can be found on Page 2.

**PROPERTY LOCATION:** \_\_\_\_\_  
(Street Address)

**PARCEL TAX ID#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OCCUPANCY TYPE:**  Residential  Commercial / Industrial  Other

### TYPE OF PROPOSED WORK:

(Check all that apply)

New

Modification

Replacement

### DESCRIPTION OF WORK (see Page 2)

(Check all that apply)

**Fuel Type:**  Wood  Pellet  Coal  Other: \_\_\_\_\_

**Appliance Type:**  Room Heater  Manufactured Fireplace / Insert  Masonry Fireplace

Boiler  Furnace  Cookstove  Water Heater

New  Used  Other: \_\_\_\_\_

**Chimney / Flue Venting:**  New  Used  Existing  Metal  Masonry

**SPECIFIC LOCATION IN WHICH THE APPLIANCE WILL BE INSTALLED:** \_\_\_\_\_

**TOTAL COST OF ALL WORK (includes cost of appliance, related chimney parts, hearth, etc.): \$** \_\_\_\_\_

**PROPERTY OWNER (Name, Address, Phone):** \_\_\_\_\_

**APPLICANT (Name, Address, Phone):** \_\_\_\_\_

**CONTRACTOR (Name, Address, Phone):** \_\_\_\_\_

*I hereby affirm that I have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The undersigned invites representatives of the Village of Clyde and / or Town of Galen to make reasonable inspections and investigation of the subject property during the period of construction. The undersigned understands that the granting of a permit does not authorize violation of any state or local law.*

**APPLICANT SIGNATURE:** X **DATE:** \_\_\_\_\_

OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

## INSTRUCTIONS

The owner, builder or agent shall complete the application form down through the Signature of Applicant block and submit it to the Code Enforcement Office. Permit application data is used for assessment purposes, statistical gathering, and for zoning and code administration. Please DO NOT write in the sections marked "Office Use Only".

### PAGE 1

- Fill in all blanks. If certain information is not available or not applicable, write "NA" in the space provided.
- Estimated Cost – include the total cost of construction, including materials and market rate labor.
- Fill in the owner's current Mailing Address and Telephone Number
- Check off the Type of Proposed Work. If more than one type of work is involved, check all types that apply.
- Provide a brief description of each of the work that will be done.
  - All solid fuel burning appliances with label and installation instructions showing proper clearances to combustibles must be installed according to manufacturer's specifications. Please have these available for review by the inspector.
  - In the absence of this documentation, the appliance must be installed in compliance with NFPA 211 (Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances).
  - A solid fuel appliance shall not share a flue with any other fuel-burning appliance, except where manufacturer's specifications allow otherwise.

**PAGE 2** (This page) Instructions for completing this Application, Permit Conditions.

**PAGE 3** Floor plan showing location of appliance; NFPA 211 clearances.

**PAGE 4** Insurance and Environmental Certifications.

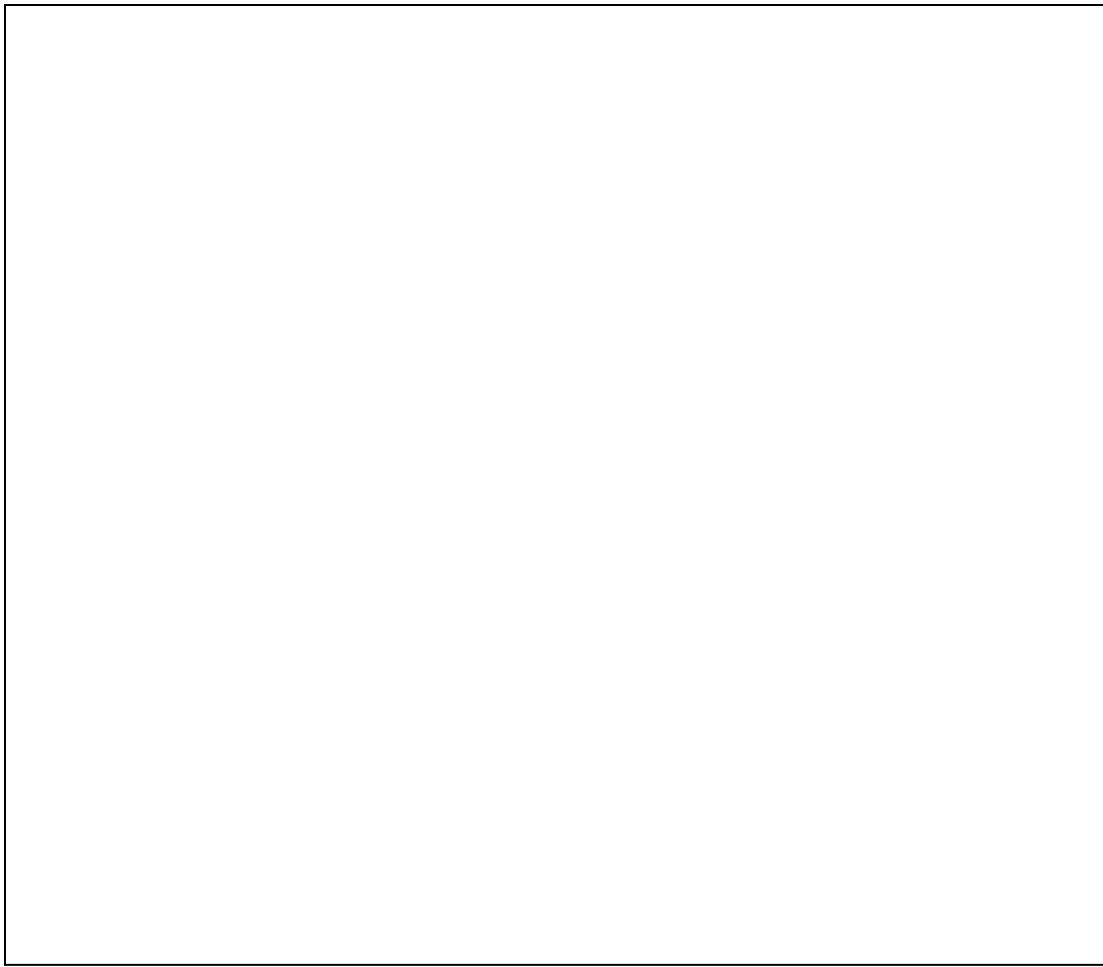
## PERMIT CONDITIONS

1. **SMOKE AND CARBON MONOXIDE ALARMS SHALL BE INSTALLED IN ALL RESIDENTIAL BUILDINGS, AS REQUIRED FOR NEW CONSTRUCTION. ALARMS SHALL BE INTERCONNECTED AND HARD-WIRED, WITH BATTERY BACKUP.**

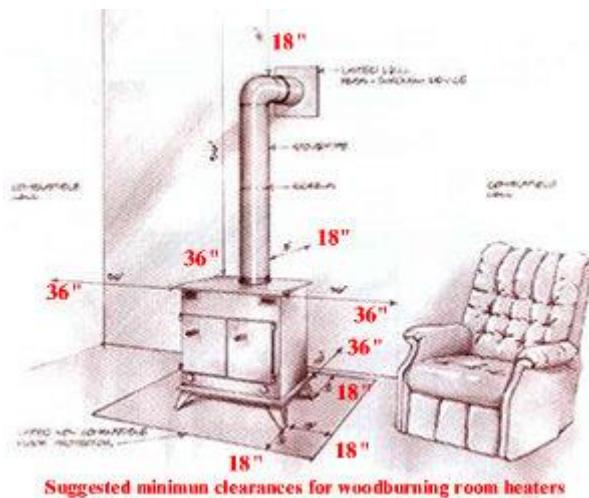
**Exception 1:** Repairs to the exterior surfaces of dwellings

**Exception 2:** Alarms are not required to be interconnected and hard-wired where interior wall or ceiling finishes are not removed to expose the structure.

2. This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property not specifically permitted under the building code, must be approved by the authority having jurisdiction. Construction dumpsters must be placed on private property unless approval has been obtained from the authority having jurisdiction for a dumpster in the public right-of-way.
3. The applicant, owner, and / or operator of the property address under this permit, hereby consent to all necessary inspections made by the Code Enforcement Office. The Code Enforcement Office reserves the right to reject any work which has been concealed or completed without first having been inspected and approved. Any deviation from the approved plans must be authorized by the approval of revised plans. This revision approval must be obtained prior to the proposed changes being made in the field. All work shall conform to State and Local codes, rules and regulations.
4. Permits become invalid if construction work is not started within six months from the date the permit is issued, and expire eighteen months from the date the permit is issued.
5. Permit applicants shall submit proof of Workers Compensation & Disability Insurance coverage, or exemption.
6. A Certificate of Compliance shall be obtained prior to use of the solid fuel-burning appliance / chimney.



**FLOOR PLAN** – Show location of solid-fuel appliance, floor protection, and distances to combustible wall surfaces.



### STATEMENT OF WORKERS COMPENSATION (HOMEOWNER)

**Under penalty of perjury**, I certify that I am the owner and occupant of the residence listed on the building permit I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because **(please check one)**:

I am performing all the work for which this building permit is issued.

I am not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is issued or helping me perform such work.

I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which this building permit is issued.

I agree to acquire Workers' Compensation coverage and provide appropriate proof of that coverage if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite); **OR** have a general contractor, performing the work listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on this building permit.

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Signature of Homeowner

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/ /  
Date Signed

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Homeowners Name Printed

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### STATEMENT OF WORKERS COMPENSATION (CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers' Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Code Enforcement Office **prior to starting work**. I understand that the proof will be filed for 1 year, and that failure to provide proof may result in a **stop work order** and/or **revocation of the building permit**.

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Signature of Contractor

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/ /  
Date Signed

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Contractors Name Printed

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[ ] Certificate on File (within last year)

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### STATEMENT OF ENVIRONMENTAL CONCERN (PERMIT APPLICANT)

This Statement confirms that I have read and been made aware that the New York State Department of Environmental Conservation requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of buildings, etc. For more information, contact the NYSDEC Regional Office at (585) 226-2466.

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Signature of Applicant

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/ /  
Date Signed

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Applicant Name Printed