

# OFFICE OF THE HOUSING, BUILDING AND ZONING OFFICER

366-9858 fax: 363-0058

## Application for the Installation of Solid Fuel Burning Appliance (Building Permit Application must be attached)

Please fill in all spaces:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone - Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

Type of Fuel \_\_\_\_\_ Wood \_\_\_\_\_ Coal \_\_\_\_\_ Pellet

Stove Manufacturer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Testing Agency (Factory Mutual, U.L., Warnock Hersey, etc): \_\_\_\_\_

Listed Certification Number \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

### **Office Use:**

( ) listed appliance ( ) not a listed appliance

( ) approved ( ) disapproved

Inspection date: \_\_\_\_\_ Comment: \_\_\_\_\_

Inspection date: \_\_\_\_\_ Comment: \_\_\_\_\_

Inspection date: \_\_\_\_\_ Comment: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_