

PERMIT # \_\_\_\_\_  
PERMIT FEES \$ 50.00

**Town of Lowville**  
5533 Bostwick Street  
Lowville, New York 13367  
(315) 376-8070 ext 6 – Fax (315) 376-3099

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

Property Owner \_\_\_\_\_ Exact Property Location: \_\_\_\_\_  
Address \_\_\_\_\_ No. Street

\_\_\_\_\_ Town of: Lowville

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 |

**SECTION A – FUEL BURNING APPLIANCE**

**APPLIANCE TO BE INSTALLED BY:**

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

Address \_\_\_\_\_

**THIS APPLIANCE WILL BE CONNECTED TO:**

- New Chimney (See Section B)
- 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

Model: No. or Name \_\_\_\_\_

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Hearth Stove | <b>FUEL TO BE USED:</b>   | <b>ROOM APPLIANCE IS TO BE LOCATED IN:</b>                                     |
| <input type="checkbox"/> Furnace      | <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"/> Kitchen         |
| <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) \_\_\_\_\_

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

**CHIMNEY TO BE INSTALLED BY:**

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

**TYPE OF CHIMNEY CONSTRUCTION**

- (Check one in each column):
- Masonry  Built On-Site
  - Steel  Prefabricated

Address \_\_\_\_\_

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 \_\_\_\_\_

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 or Authorized Agent \_\_\_\_\_ 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**

Building Code of New York State, Plumbing Code of New York State, Fire Code of New York State

Energy Conservation Construction Code of New York State

Property Maintenance Code of New York State

Fuel Gas Code of New York State - Residential Code of New York State

Mechanical Code of New York State

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**SECTION C – CONNECTORS AND WALL OR CEILING PASSAGES**

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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

***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.***

**SECTION C – CONNECTORS AND WALL OR CEILING PASSAGES**

Using space below or on a separate sheet of paper –

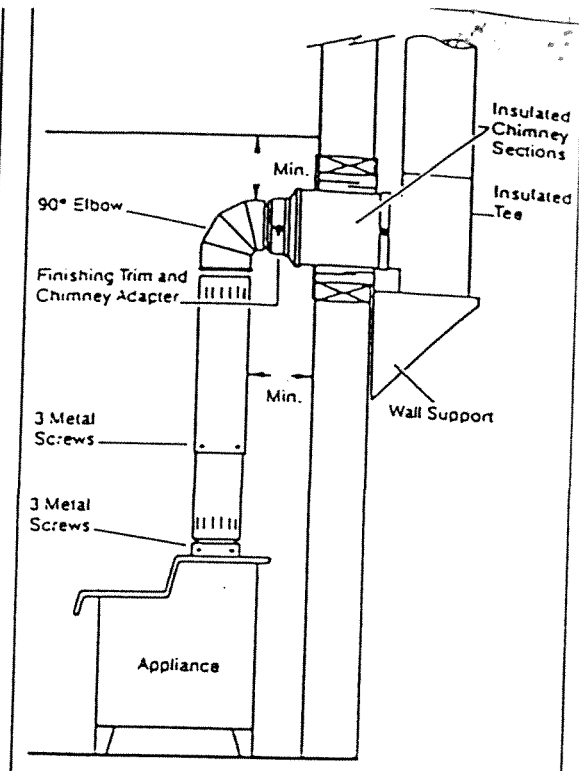
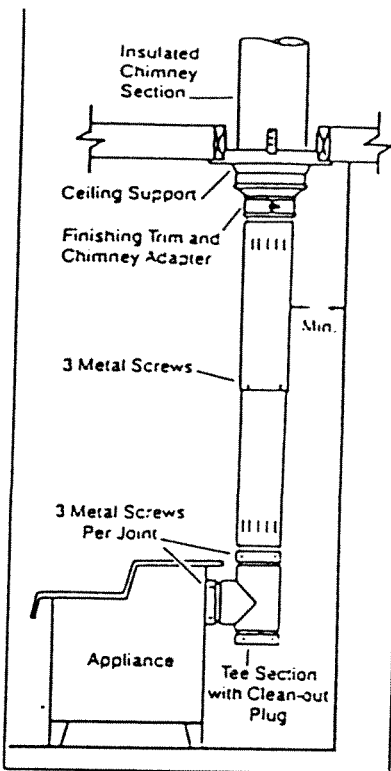
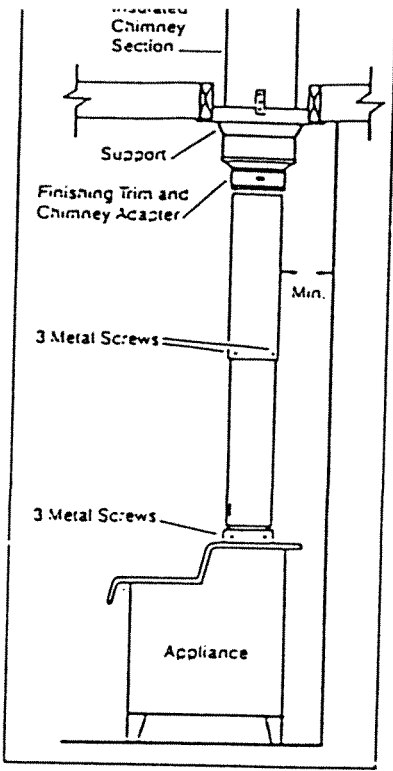
Diagram any wall or ceiling and/or roof passages including size of connectors, collars, etc. and distance to combustibles.

Diagram proposed installation of Fuel Burning Appliance including distances from floor, ceiling, walls, and all combustible materials

**CLEARANCES** (See numbers on diagram at right)

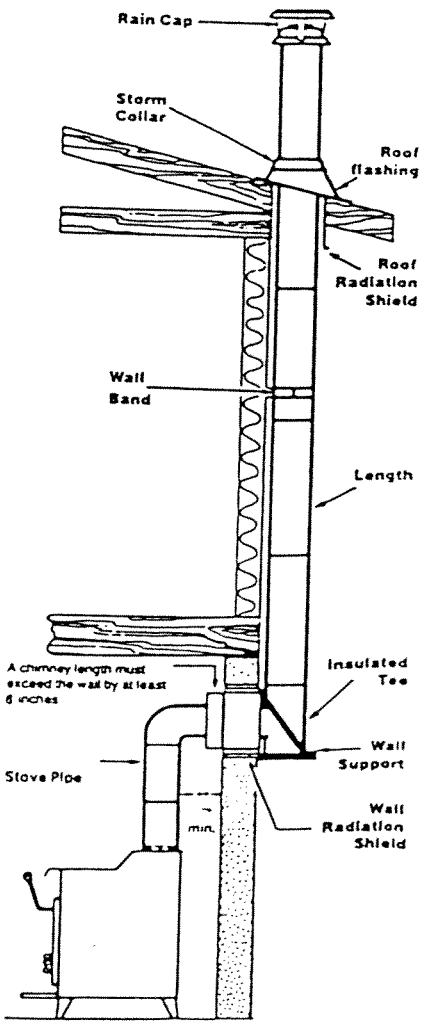
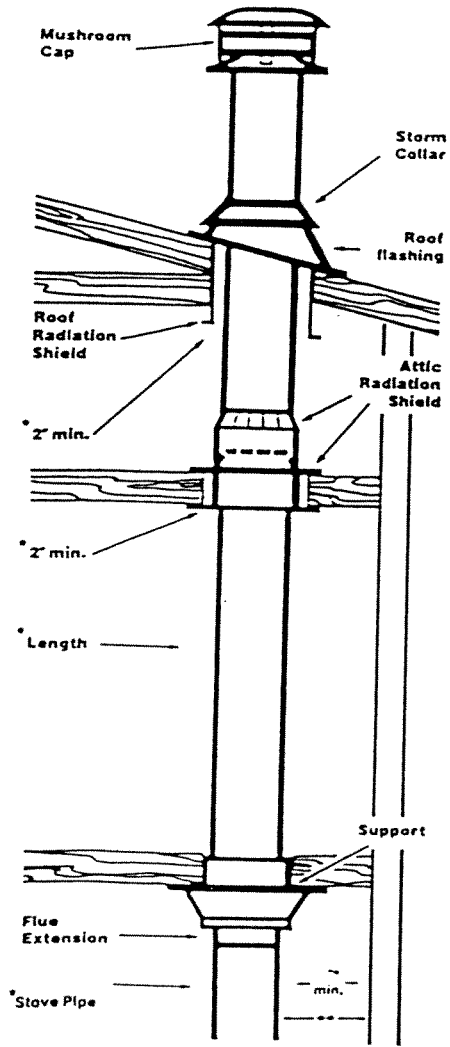
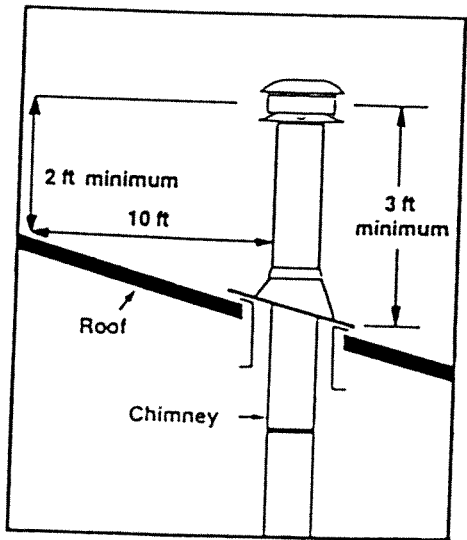
1.	_____ Inches	Side of unit to nearest wall	
2.	_____ Inches	Rear of unit to wall	
3.	_____ Inches	Top of stove pipe to ceiling	
4.	_____ Inches	Bottom of unit to floor	
5.	_____ Inches	From loading door to front edge of floor protection	
6.	_____ Inches	Size of pipe used (diameter)	
7.	_____ Inches	Size of thimble or roof joist shield	
8.	_____ Feet	Total stove pipe length	
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do these distances comply with the manufacturer's standards?	

**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.**



**INTERIOR INSTALLATION**

**EXTERIOR INSTALLATION**



\* SEE APPLIANCE MANUFACTURER INSTALLATION INSTRUCTIONS FOR THIS CLEARANCE.  
\*\* The required minimum clearance for single wall stove pipe is 18 inches.

As required by NYS Worker's Compensation Law, the Code Enforcement Office is required to obtain proof of worker's compensation or an exemption from all contractors working on your project. We may have them on file, however to ensure your application/permit is not delayed for lack of proof, we request that you supply us with a list of contractors you're planning to use. You will be notified if we do not have proof of compensation on file for your contractor.

**General Contractor**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Masonry**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Excavation**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Builder/Framer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_



**Plumbing**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Heating**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Electrical**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Insulation**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_

**Pool**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Proof of Comp \_\_\_\_\_