



# TOWN OF CHAUTAUQUA

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757  
Phone: (716) 753-7342 ~ Fax: (716) 753-5239

## SOLID FUEL INSTALLATION PERMIT APPLICATION

**\*\*FOR OFFICE USE ONLY\*\***

**DATE ISSUED:** \_\_\_\_\_ **PERMIT NUMBER** \_\_\_\_\_

**EXPIRATION:** \_\_\_\_\_

**VARIANCE REQUIRED?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

=====  
**Project Cost** \_\_\_\_\_ **Unit Model #** \_\_\_\_\_

**1. LOCATION: SECTION** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_

**2. ADDRESS:** \_\_\_\_\_  
**Street/Rd** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**3. OWNERS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
**Street/Rd** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**4. DETAILED DRAWINGS:**  
**A) A FLOOR PLAN (TO INCLUDE CHIMNEY LOCATION).**

**B) MANUFACTURER'S INSTALLATION MANUEL.**

**5. CONTRACTORS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**6. CERTIFICATE OF INSURANCE:**

**Contractor: Attach Copy of Insurance Certificate**

**7. PERMITS SHALL EXPIRE 60 DAYS FROM DATE OF ISSUANCE.**

**8. PROJECT IS SUBJECT TO THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODE AND TOWN OF CHAUTAUQUA CODE: LOCAL LAW 2-1993 CHAPTER 74-3.**

**AFFIDAVIT**

**STATE OF NEW YORK**

**SS:**

**Chautauqua COUNTY**

**I Swear that to the best of knowledge and belief the statements contained in This application are a true and complete statement of all proposed work to be Done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pertaining to the proposed work shall be Complied with, whether specified or not, and that such work is authorized by the Owner. I acknowledge that zoning code information relating to applicant's District has been reviewed.**

**Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_**