

**Town of Caroline
CODE ENFORCEMENT**

Box 136 - 2668 Slaterville RD
Slaterville Springs, NY 14881
(607) 539-6400 Ext. 3
CodeOfficer@TownOfCaroline.org

SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION

Property Address: _____ **Tax Parcel #:** _____

OWNER Two officers if a corporation

CONTRACTOR Contact Person

Name		
Mailing Address		
City/State/Zip		
Daytime Phone		
Email		

Description of proposed work: _____

Appliance Type: ☐Fireplace ☐Stove ☐Boiler ☐Furnace ☐Insert ☐_____

Fuel: ☐Wood ☐Pellet ☐Coal ☐Multi-fuel (check all that apply) ☐_____

Vent type: ☐New ☐Existing ☐Masonry ☐Metal ☐Thru Wall ☐Liner ☐_____

Appliance Manufacturer & Model #
Required Clearances per manufacturer in inches: Front_____ Right_____ Left_____ Rear_____ Above_____
Location of installation (floor level and room)
Type / Brand / Model / Size of chimney or liner
What other appliances be attached to the same chimney?
Will this be the primary heat? Yes No List other existing heat sources?

Additional Information Needed:

- ☐ Appliance installation instructions (returned after review, keep on site for inspections)
- ☐ Sketch of room/location showing appliance distances to walls, combustibles, etc.
- ☐ Noncombustible hearth size and construction details
If masonry fireplace, see code requirements.
For factory-built listed appliances, see manufacturers requirements.

Installation in a Manufactured Home (HUD Code)?

☐ No ☐ YES – appliance must be listed for this use

Interconnected Smoke and Carbon Monoxide Alarms are required per FC907 & FC915:

- Smoke alarm in each sleeping room, outside each sleeping area, each story.
- Photoelectric alarms shall be installed at least 6 feet away from permanently installed cooking appliances within 20 feet. Ionization alarms with silence switch are allowed if more than 10 feet from permanently installed cooking appliances.
- Smoke alarms at least 3 feet away from door/opening to bathroom with tub or shower.
- For one-family dwellings built before 1/1/2008 – CO alarm on the lowest story containing a sleeping area, within 15 feet of each sleeping area.
- For one-family dwellings built after 1/1/2008 – CO alarm on each story within 15 feet of each sleeping area AND on each story that contains a carbon monoxide source.

Proof of insurances required to issue permit:

- ☐ Contractor's General Liability
- ☐ Workers Comp., Disability & NYS Family Leave (C-105.2 & DB-120.1). If Exempt CE-200

APPLICATION CERTIFICATION STATEMENT

I am the owner or agent of the owner of the property listed. I hereby apply for a permit to perform the work described in this application and the provided plans, specifications, etc. I will comply with all provisions of applicable ordinances, codes and regulations while performing this work whether specified herein or not.

Any change to this application, plans, specifications or other documents upon which this permit was issued will be filed with the Building Department for approval before such changes are made in the actual work.

I hereby request that all work be inspected and approved by the appropriate inspectors.

I understand that the granting of any permit creates no liability on the part of the Town and, by acceptance of any permit, agree to indemnify and hold harmless the Town from any and all claims for personal injury and property damage arising from the operations of or construction by permittee.

Owner Signature (REQUIRED) _____ Date _____

Contractor Signature (if applicant) _____ Date _____

What's next? Your application will be reviewed, and you will be notified if additional information is needed. Your plans will also be reviewed for compliance and you will be advised of any items of concern. Once this is done to the satisfaction of the CEO, a Building Permit will be issued.

FOR TOWN USE ONLY

Application Received date _____ Payment \$ _____ Date _____ Application # _____

Additional information needed to process application?

☐ APPROVED permit # _____ ☐ PERMIT DENIED – Attach denial letter