

SOLID FUEL BURNING DEVICE APPLICATION

In accordance with the Code of the Town of Gates the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

Town of Gates

Office of the Fire Marshal
 1605 Buffalo Road
 Rochester, NY 14624
 (585) 247-6100
 (585) 426-8581 Fax
 www.townofgates.org



All fields must be completed. If not applicable, please mark with N/A Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND BE RETURNED

APPLICANT INFORMATION

OWNERS NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
CONTACT NAME:		
SIGNATURE:		

(SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
ON SITE CONTACT NAME:	CELL PHONE#:	

PURPOSE: Installation Alteration Repair

IS THIS A REPLACEMENT OF AN EXISTING APPLIANCE? YES NO

IS THIS A CHIMNEY / FIREPLACE / RELINE? YES NO

Submittal of plans and payment of fees does not imply Permission or permit by the Town of Gates for project design or commencement of work.

APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING CONSTRUCTION.

TYPE OF APPLIANCE: *(check the one most applicable)*

- | | |
|--|--|
| <input type="checkbox"/> Freestanding Woodstove | <input type="checkbox"/> Zero Clearance Wood Burning Fireplace |
| <input type="checkbox"/> Freestanding Pellet Stove | <input type="checkbox"/> Zero Clearance Pellet Burning Fireplace |
| <input type="checkbox"/> Wood Burning Fireplace Insert | <input type="checkbox"/> Factory Built Metal Chimney Replacement |
| <input type="checkbox"/> Pellet Burning Fireplace Insert | <input type="checkbox"/> Masonry Chimney Re-Lining |
| <input type="checkbox"/> Multi Fuel Freestanding Stove | <input type="checkbox"/> Newly Constructed Masonry Chimney |
| <input type="checkbox"/> Coal Burning Freestanding Stove | <input type="checkbox"/> Newly Constructed Masonry Fireplace |
| | <input type="checkbox"/> Other _____ |

Manufacturer: _____ Model: _____

Serial #: _____ UL#: _____

(continued on reverse)

Note: The issuance of a permit based upon plans specifications, data and other reports shall not prevent the Town of Gates from thereafter requiring correction of deficiencies. Any deficiencies found during field inspection, testing, or Fire Marshal surveys must also be corrected.

All work shall comply with all applicable codes and standards, including the NYS Fire Prevention and Building Code, NFPA 96 and the Code of the Town of Gates.

The completed installation shall pass a visual inspection by a representative of the Office of the Fire Marshal.
(A fee of \$50.00 will be charged for each re-inspection)

Please call the Office of the Fire Marshal at least 24 hours in advance to schedule inspections or tests.

PROJECT NARRATIVE: (Including *specific* scope and location of work)

A PERMIT SHALL NOT BE ISSUED WITHOUT COPIES OF THE FOLLOWING:

Included

^{n/a} Manufacturer's Installation Manual