



DEPARTMENT OF CODE ENFORCEMENT

Washington County Municipal Center
383 Broadway
Fort Edward, New York 12828

Phone: (518) 746-2150

Fax: (518) 746-2157

HEATING EQUIPMENT AND CHIMNEY PERMIT APPLICATION

APPLICATION FEE \$50.00

MAKE CHECK PAYABLE TO : WASHINGTON COUNTY TREASURER

FOR OFFICE USE ONLY		
APPLICATION NO _____	<input type="checkbox"/> APPROVED	PERMIT NO. _____
DATE RECEIVED _____	<input type="checkbox"/> DISAPPROVED	REASONS: _____
DATE EXAMINED _____	_____	
FEE RECEIVED _____	EXAMINED BY: _____	

JOB LOCATION _____	_____	_____
	STREET / ADDRESS	TOWN / VILLAGE
TAX MAP SECTION _____	BLOCK _____	LOT _____

APPLICANT NAME _____	APPLICANT IS: <input type="checkbox"/> OWNER
	<input type="checkbox"/> TENANT
	<input type="checkbox"/> INSTALLER
MAILING ADDRESS _____	

PHONE _____	

NAME AND ADDRESS OF OWNER AND INSTALLER IF DIFFERENT THAN APPLICANT	
OWNER _____	INSTALLER _____
ADDRESS _____	ADDRESS _____

PHONE _____	PHONE _____

OCCUPANCY TYPE	<input type="checkbox"/> ONE OR TWO FAMILY DWELLING
	<input type="checkbox"/> MULTIPLE DWELLING
	<input type="checkbox"/> COMMERCIAL (DESCRIBE BELOW)

EQUIPMENT INFORMATION (CHECK ANY THAT APPLY)

TYPE OF EQUIPMENT:

- ROOM HEATER
- FURNACE
- STOVE
- FIREPLACE

TYPE OF FUEL:

- WOOD
- COAL
- PROPANE GAS
- NATURAL GAS
- FUEL OIL
- KEROSENE
- OTHER (DESCRIBE BELOW) _____

MANUFACTURER NAME _____

MODEL NUMBER _____

BTU RATING _____

UL LISTED YES NO

EQUIPMENT LOCATION

- CELLAR
- BASEMENT
- LIVING SPACE FLOOR
- GARAGE

PRIMARY SOURCE OF HEAT YES NO

CHIMNEY NEW EXISTING

TYPE MASONRY FACTORY BUILT OTHER _____

CHIMNEY LOCATION INTERIOR EXTERIOR

PLEASE SUBMIT BROCHURES OR MATERIALS DESCRIBING CLEARANCES AND MANUFACTURERS SPECIFICATIONS WHEN APPLYING FOR THE INSTALLATION PERMIT. THIS WILL AVOID ANY DELAYS IN THE ISSUANCE OF THE PERMIT. IN ADDITION, A \$50.00 APPLICATION FEE IS REQUIRED. CHECKS OR MONEY ORDERS MUST BE MADE PAYABLE TO THE **WASHINGTON COUNTY TREASURER**. THE FEE MUST BE SUBMITTED TO THE **DEPARTMENT OF CODE ENFORCEMENT** ALONG WITH THE APPLICATION.

APPLICATION IS HEREBY MADE TO THE WASHINGTON COUNTY DEPARTMENT OF CODE ENFORCEMENT FOR AN INSTALLATION OF HEATING EQUIPMENT PERMIT PURSUANT TO WASHINGTON COUNTY LOCAL LAW "A" OF 2003, SECTION 8.1. THE APPLICANT AGREES TO COMPLY WITH ALL CODES, RULES AND REGULATIONS GOVERNING THE INSTALLATION OF HEATING EQUIPMENT AND SWEARS THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE.

APPLICANTS SIGNATURE

DATE



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Washington County Municipal Center
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Phone: (518) 746-2150 Fax: (518) 746-2157

Proof of: Worker's Compensation Insurance Disability Benefits Coverage

New York General Municipal Law
Chapter 439
S. 6421
(effective January 18, 1999)

CHECK ONE:

Applicant/Agent, Builder

Proof duly subscribed that worker's compensation insurance and disability benefits coverage issued by an insurance carrier in a form satisfactory to the chair of the Workers' Compensation Board as provided for in section fifty-seven of the Workers' Compensation Law is effective.

(Attach copy of Insurance Certificate)

Applicant/Owner Built/Gen. Contractor (with no employees)

I affirm that I have not engaged an employer or employees, as those terms are defined in Section Two of the Workers' Compensation Law; to perform work relating to this building permit.

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Signature: _____

Date: _____

Sworn to before me this _____ day of _____, 20_____.

Notary Public

Washington County Code Enforcement



LOCAL REGULATION COMPLIANCE CERTIFICATE TO BE SUBMITTED PRIOR TO ISSUING PERMIT

LRCC # 1

TOWN/VILLAGE OF _____

THIS IS TO CERTIFY that the proposed construction described in Washington County Building Permit complies with all town and/or village zoning laws or requirements.

Applicant: _____

Address: _____

Project Description: _____

As further described in the attached Washington County Building Permit Application complies with the following local laws:

- Flood Plain Law: This parcel is **not** in a flood plain This parcel is in a flood plain
- Zoning Ordinance Mobile Home Ordinance Subdivision Regulations
- Site Plan Review Other Local Law _____
- No Local Town/Village requirements apply to proposed construction.

SIGNATURE OF LOCAL ZONING OFFICIAL,
OR CHIEF ELECTED OFFICIAL

DATE

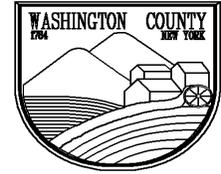
Other remarks by Local Official: _____

- ▶ If an Adirondack Park Agency Permit is required, has one been issued? _____
- ▶ If a Permit from the Lake George Park Commission is required, has one been issued? _____
- ▶ If a Permit is required by the NYS Dept. Of Environmental Conservation, has one been issued? _____
- ▶ If a Permit is required by the NYS Dept. Of Health, has one been issued? _____
- ▶ If a Permit is required for a new driveway or road access, from the NYS D.O.T., Washington Co. DPW, or your local Town or Village, has one been issued? _____
- ▶ (The Town of Greenwich DOES require an additional Building Permit Application AND a Driveway Permit Application. Contact the Greenwich Town Clerk and submit, with this Certificate, to the Town of Greenwich
- ▶ The Town of Argyle DOES require an additional Building Permit application, one set of prints, a Driveway Permit Application & a Local Compliance Checklist to be completed. Contact the Argyle Town Clerk and submit, with this Certificate, to the Town of Argyle.
- ▶ Town of Hampton requires "construction use verification form". Application fee is \$10.00. Obtain form from Town of Hampton Clerk.
- ▶ If a Flood Hazard Area Permit is required by your local municipality, has one been issued? _____

Signature of Applicant

Date

Washington County Code Enforcement



LOCAL REGULATION COMPLIANCE CERTIFICATE

TO BE SUBMITTED AFTER PROJECT COMPLETION

LRCC # 2

TOWN/VILLAGE OF

THIS IS TO CERTIFY that the completed construction project described in Washington County Building Permit # _____ Issued on (date) _____ complies with all town and/or village zoning laws or requirements. Project is described as follows:

Applicant: _____

Address: _____

Project Description: _____

SIGNATURE OF LOCAL ZONING OFFICIAL,
OR CHIEF ELECTED OFFICIAL

DATE

Completed construction project complies with all local Town or Village requirements.

No local Town or Village requirements apply to completed construction project.

Other remarks by Local Official: _____

- ▶ Complete and return to Washington County Code Enforcement, 383 Broadway, Fort Edward, NY 12828.
- ▶ Please be advise that **NO** Certificate of Occupancy nor Certificate of Compliance will be issued until this completed form is submitted.

Signature of Applicant

Date