



OFFICE USE ONLY
Date: _____
Application #: _____

AUXILIARY HEATING PERMIT APPLICATION

(Pellet/Wood burning/Propane/Fireplace)

1) Property owner: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

2) Site Location: _____
Tax Map Section: _____ Block: _____ Lot: _____

3) Description of stove: _____
Distance of stove to: Floor: _____ Walls: _____ Windows: _____
From doorways: _____ Anything flammable: _____

*SPEC SHEETS ARE REQUIRED AT TIME OF SUBMITTAL

*STOVE PIPE SPECS ARE REQUIRED AT TIME OF SUBMITTAL (IF APPLICABLE)

*PROVIDE A DIAGRAM OF WHERE THE STOVE IS BEING INSTALLED

4) Builder/Contractor name: _____
Mailing Address: _____
Phone #: _____

5) ___ I have Workers' Compensation insurance – Policy #: _____
___ I do not need Workers' Compensation because status is an individual owner or partner with no employees and not a corporation
___ I have Disability Benefits insurance – Policy #: _____
___ I do not need Disability Benefits insurance because status is individual owner or partner with no employees and not a corporation

Date

Signature of Applicant/Builder/Contractor

Date

Signature of Owner

Date

Code Enforcement Officer