

# SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION

Permit Fee is \$50.00

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TOWN OF EDEN BUILDING DEPARTMENT  
2795 EAST CHURCH STREET  
EDEN, NY 14057

TEL: 716-992-3408  
FAX: 716-992-4131  
EMAIL: Building@edenny.gov



## BUILDING PERMIT APPLICATION CHECKLIST FOR - SOLID FUEL BURNING APPLIANCE

All of the following items **MUST** be submitted with this application in order to obtain a Building Permit

- ☐ Completed BUILDING PERMIT APPLICATION form
- ☐ A copy of brochure or specifications from manufacturer:  
Showing the make and model of the appliance and the appropriate testing/listing information (e.g. Underwriter's Laboratories, Warnock Hersey, etc.)
- ☐ A copy of brochure or specifications from manufacturer:  
Showing the make and model of the associated chimney piping and the appropriate testing/listing information (e.g. Underwriter's Laboratories, Warnock Hersey, etc.)

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**APPLICATION MUST BE COMPLETELY FILLED OUT** (incomplete applications will **NOT** be accepted)

## 1. APPLICANT/OWNER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
APPLICANT IS: ☐ Owner ☐ Contractor ☐ Agent ☐ Engineer ☐ Other (specify) \_\_\_\_\_

## 2. CONTACT INFO (if same as above list "same")

NAME \_\_\_\_\_ PHONE #1 \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE #2 \_\_\_\_\_

## 3. CONTRACTOR INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 4. PROJECT DESCRIPTION (basic description, use, size and cost of what is being proposed)

What is being Built: \_\_\_\_\_  
Project estimated cost (estimate only - does not affect assessment) \$ \_\_\_\_\_

## 5. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY (determines zoning user group)

WATER: ☐ Public ☐ New Well ☐ Existing Well ☐ None  
SEWER: ☐ Public ☐ New Septic ☐ Existing Septic ☐ None

## 6. CONTRACTOR WORK

Are wages being paid for performance of this work (are you hiring a Contractor?) ☐ YES ☐ NO  
IF **YES**, provide proof of General Liability insurance, NYS Worker's Compensation and NYS Disability benefits.

### **ACCEPTABLE PROOF FORMS-**

- NYS Disability Form DB120.1
- Workers Compensation Form C105.2 or U-26.3
- CEE 200 for NYS Disability & Workers Compensation Exemption
- Certificate of General Liability Insurance

**IF NOT hiring a contractor or doing the work yourself** – A Certified Attestation of Exemption (NYS CE200) is required.

## 7. STARTED WORK

Has any work included in the application been started or completed YES ☐ NO ☐ If **YES** Explain

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## 8. APPLICATION CERTIFICATION:

In consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code of New York, Town of Eden Code and any other laws which may be applicable that he/she will preserve the establishment of lot lines, disclose all information to the Code Enforcement Officer, and that he/she will not use nor permit to be used the structure by the application until a Certificate of Occupancy (CO) or Certificate of Compliance (C/C) is legally issued.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 9. INCLUSIONS:

All documents and information required on the provided checklist **MUST** be submitted with this application.

### FOR OFFICE USE ONLY – Application to be submitted to the Town of Eden Clerks Office

Permit Fee: \$50.00 – Certificate of Compliance required.

Payment must be made by Cash, Check or Credit Card Check made payable to the Eden Town Clerk

Date Received by Clerk \_\_\_\_\_ Amount Credited \$ \_\_\_\_\_ Cash \_\_\_ CC \_\_\_ Check # \_\_\_\_\_

Application # \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Cash \_\_\_ CC \_\_\_ Check # \_\_\_\_\_`