

SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION

Permit Fee is \$50.00

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

TEL: 716-992-3576
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")

Owner Contractor Other _____
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 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

7. STARTED WORK

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

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 # _____