

TOWN OF GLENVILLE
18 Glenridge Road, NY 12302-4518
(518) 688-1200, Ext. 405 ~ Fax (518) 384-0140
www.townofglenville.org

**APPLICATION FOR
FIREPLACE ~ WOODSTOVE ~ CHIMNEY ~ INSERTS**

Date _____

➤ **Building Site Address** _____

➤ **Work Applied For:** Provide the following information as part of this application:

- **Manufacturer's documentation and required clearances.**
- **A sketch showing actual clearances.**
- **Detail for all chimneys.**

_____ Fireplace New Appliance _____ OR Replacement _____
_____ Woodstove New Appliance _____ OR Replacement _____
_____ Chimney New _____ OR Replacement/Repair _____

Insert? Yes _____ No _____

Direct Vent? Yes _____ No _____

Fuel Type: Wood _____ Gas _____ Pellet _____

➤ **Property Owner's Name** _____ **Phone** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

➤ **Contractor's Name** _____ **Phone** _____

(Certificate of workers compensation and disability insurance must be provided)

Mailing Address _____

City _____ **State** _____ **Zip** _____

➤ **APPLICANT'S CERTIFICATION:**

I certify that the construction plans and all other information submitted as part of this permit application are accurate.

ESTIMATED VALUE OF ALL WORK (labor and materials) \$ _____

SIGNATURE OF PROPERTY OWNER _____

(Contractor signature accepted with a copy of the signed agreement with the property owner)

FOR OFFICE USE ONLY:

Date Approved: _____ Fee: _____ Date Denied: _____

Authorized Signature: _____

Notes or Comments: _____