

TOWN OF WALES

APPLICATION

SOLID FUEL BURNING APPLIANCE

Name: _____

Building Address: _____

Mailing Address: _____

_____ Zip _____

Telephone: (_____) _____

Type of appliance (stove, etc.): _____

Manufacturer: _____

UL Label: _____

Type of Chimney: _____

Hearth or base: _____

Smoke alarm: _____

Name of Contractor: _____

Address: _____

Signature: _____

Date: _____ Fee: _____

To be executed after installation and prior to issuance of Certificate of Compliance.

I hereby certify that the above solid fuel burning appliance has been installed in compliance with sections 1005 and 1006 of the New York State Uniform Fire Prevention and Building Code.

Signature: _____
(owner, contractor, installer)

Date: _____