WOOD/PELLET/GAS STOVE PERMIT APPLICATION

CITY OF MERIDEN BUILDING DEPARTMENT 142 EAST MAIN STREET MERIDEN, CT 06450

PHONE: (203) 630-4091 FAX: (203) 630-4093

3 FAMILY OR MOR	E WILL NEED FIRE N	NARSHAL APPROVAL:	Date:
ADDRESS OF PROJEC	Т:		
OWNER OF PROPERT	Y:	PH0	ONE:
OWNERS ADDRESS: _			
CONTRACTORS NAM	E:	РНО	NE:
CONTRACTORS ADDF	RESS:		
CONTRACTORS LICEN	ISE NUMBER:	EST C	OST:
APPLICIANTS EMAIL:			
DESCRIPTION OF W	/ORK:		
TYPE OF STOVE/LOCA	ATION OF STOVE:		
I hereby certify that the	e proposed work is auth plication as an authorize	ALTERNATIVE WORKERS COMP norized by the owner of record and I ha ed agent and we agree to conform to o	ve been authorized by the owner of
APPLICANT NAME:		SIGN:	DATE:
REQUIREMENTS F 1. All solid fuel-bur laboratory. Installat instructions. 2. Inspection of app DETAILED manufac 3. This inspection is	OR BUILDING PERN ning appliances MU tion must be in acco pliances having such turer's installation i s for the PLACEMEN	NITS AND INSPECTIONS FOR SO IST be tested and listed by a nati	of said listing and manufacturer's e INSTALLATION ONLY and the ove at the time of inspection.
•	• •	tates: A solid solid-fuel burning	appliance or fireplace shall not
	-	nting another appliance.	
		oove for wood stoves (only) NFPA	A 211 must be followed.
AL	L APPLIANCES MUS	T BE OFF AND COLD AT THE TIM	IE OF INSPECTION

	FOR O	FFICE USE ONLY BELOW THIS LII	NE
PERMIT FEE: \$			TOTAL FEE: \$
	<mark>** N</mark>	OREFUNDS ON PERMIT FEES.**	k la