



Town of Moreau

Building Department
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Matt Dreimiller
Building Inspector/CEO
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SOLID FUEL BURNING DEVICES & CHIMNEY APPLICATION REQUIREMENTS

Please keep this coversheet for your convenience

No construction activities may commence until an approved permit is issued

TWO SETS OF THE FOLLOWING INFORMATION MUST BE PROVIDED (ONE ORIGINAL AND ONE COPY):

1. **APPLICATION MUST BE FILLED OUT COMPLETELY & CLEARLY.** Name and address must be on each document. Signature of property owner, applicant, or contractor is required.
2. Detailed drawings to include (but not limited to):
 - a. Floor plan drawn to scale showing:
 - i. Clearances from burning appliance to combustible wall/floor
 - ii. Indicate materials used for fuel burning appliance & chimney
3. A copy of the manufacturer's installation manual
4. Insurance requirements:
 - a. **Homeowner:**
 - i. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage (**form CE-200 found at www.wcb.state.ny.us**)
 - ii. Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence: **Form BP-1**
 - b. **Contractor:**
 - i. Certificate of Workers Compensation: **Form C-105.2 or U-26.3**
 - ii. Certificate of Disability insurance: **Form DB-120.1 or DB-155**
 - iii. Affidavit of Exemption of Workers Compensation and/or Disability Benefits Insurance Coverage: **Form CE-200 found at www.wcb.state.ny.us**

ACORD forms are NOT an acceptable proof of Workers Compensation or Disability Insurance Coverage

5. Fee as per fee schedule (Collected when application is approved)

REQUIRED INSPECTION: 24 HOUR NOTICE REQUIRED

**** Please do **NOT** leave requests for inspections on voicemail.

Inspections requested via voicemail may not be scheduled. ****

- Site Inspection
- Footings (before pouring concrete)
- Framing (before installing appliance)
- Final Inspection (All required work must be completed before a Certificate of Compliance can be issued)

TOWN OF MOREAU SOLID FUEL BURNING DEVICES & CHIMNEY PERMIT APPLICATION

Location Information	
Job Site Address _____	Tax Map # _____
Estimated Cost of Construction \$ _____	Zoning District _____
Owner Information	
Owner's Name (Print) _____	Phone # _____
Address _____ _____	Email _____ _____
	Owner's Signature _____ Date _____
Agent, architect, or contractor information (if applicable)	
Name (Print) _____	Phone # _____
Address _____ _____	Email _____ _____
	Signature _____ Date _____

Fuel Burning Appliance Information

Check Applicable Appliance/Type	Wood	Coal	Pellet	Gas	Oil
Stove					
Fireplace Insert					
Fireplace, Factory Built*					
Fireplace, Masonry					
*If factory built provide:	Manufacturer Name: _____		Model #: _____		
	Listed by: _____		Number: _____		

Chimney Information (check one)

Masonry	_____ Block	_____ Brick	_____ Stone		
Flue	_____ Tile	_____ Steel	_____ Size in inches		
Metal	_____ Double wall	_____ Triple wall	_____ Insulated	_____ Direct Vent	_____ Chimney Liner
If non-masonry provide:	Manufacturer Name: _____		Model #: _____		

I affirm that, the information I've given on this application is correct and complete and I understand that the Town will rely on this information in making its decision

Applicant Name (print): _____

Applicant Signature: _____

Official Use Only

Received: _____ Issued on: _____ Permit #: _____

Fee: \$ _____ Expires on: _____

Building Inspector: _____ Date Approved: _____