WOOD/PELLET STOVE PERMIT APPLICATION

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

PHONE: (203) 603-4091 FAX: (203) 630-4093

DATE: _____

3 FAMILY OR MORE WILL NEED FIRE	E MARSHAL APPROVAL:	Date:	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
OWNER OF PROPERTY:		PHONE:	
OWNERS ADDRESS:			
CONTRACTORS NAME:		PHONE:	
CONTRACTORS ADDRESS:			_
CONTRACTORS LICENSE NUMBER:		EST COST:	
APPLICIANTS EMAIL:			_
LOCATION OF APPLIANCE WITHIN THE H	10ME:		
		rd and I have been authorized by the owner of inform to all the requirements of the laws and	
APPLICANT NAME:	SIGN:	DATE:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
1. All solid fuel-burning appliances Naboratory. Installation must be in a instructions.		by a nationally recognized testing ements of said listing and manufacture	r's
2. Inspection of appliances having su	uch testing and listing will b	be for the INSTALLATION ONLY and the	ē
		th the stove at the time of inspection.	
chimneys will not be inspected for a		for the PIPING ONLY. Existing masonry	
•		olid-fuel burning appliance or fireplace	
shall not connect to a chimney pass			
5. If unable to meet the items listed	above for wood stoves (or	nly) NFPA 211 must be followed.	
ALL APPLIANCES MUST	BE OFF AND COLD AT THE	TIME OF INSPECTION	
<u> </u>	PERMIT FEE: \$53.50	2	
REVIEWERS APPROVALS:			
BUILDING APPROVAL:		DATE:	
70NING APPROVAL:		DATE:	

TAX COLLECTOR: