

Town of Salina

Department of Planning & Development

Application for Permit: Fireplaces, Wood Stoves or Gas Appliances

BUILDING PERMIT REQUIRED

- This applies to gas fired fireplaces, wood burning fireplaces, pellet fuel burning, fireplace inserts, vent-less gas units, wall mounted gas units, kerosene & oil fired stoves, furnaces and other such devices including associated chimneys and flues.
- All units to be installed according to the New York State Residential Code, Building Code, Mechanical Code and Fuel Gas Code. Applicable generally accepted standards will also apply. All devices must be approved by a nationally recognized testing agency.

BUILDING PERMIT APPLICATION

- Submit a **completed** application with the owner's signature on the application.
- Submit one copy of a current property survey showing the property as it currently exists. (If the survey is over one year old a survey affidavit will be required.)
- Submit one set of heating appliance manufactures specifications and installation requirements for any heating device, chimney or flue showing all clearances from combustibles and termination measurements for roof and wall penetrations.
- Provide copy of construction plans if wall, floor or ceiling structural members are being altered.
- Floor plan showing the location of the proposed fireplace, wood stove or gas appliance.
- Permit fees:
 - Residential: \$25.00 plus \$7.00 per \$1,000.00 of construction value.
 - Commercial: \$50.00 plus \$7.00 per \$1,000.00 of construction value.

ADDITIONAL REQUIRED ITEMS

- Contractor's certificate of insurance must be included for workers' compensation (only NYS approved forms WC/DB-110; GS-105.2 or U-26.3 accepted) and contractor's liability insurance.
 - If the homeowner or an owner occupied 1, 2, 3 or 4 family residence is doing all work they submit a "New York State BP-1 Exemption Form".
- If any work will involve electrical; provide an application from an approved electrical inspection agency.
 - The Inspector (800-487-0535)
 - Commonwealth Electrical Inspection Services Inc. (315) 633-0027.
- **NOTE: New York State Law requires that you call Dig Safe NY two working days prior to any digging (1-800-962-7962)**
- An inspection *must* be called by the applicant upon completion of the installation, before the device may be used.

Mail Pick up

APPLICATION FOR PERMIT

Appl#:

FOR TOWN USE ONLY		Permit No. _____
Date Submitted _____	Permit Fee \$ _____	Map No. _____
Date Approved _____	Receipt No. _____	Zoning District _____
Date Denied _____	Check No. _____	Occupancy _____ Construction _____
Approved By _____	Conditions of Approval _____	

Print or Type clearly and fill in all spaces that apply!

Application is hereby made to the Director of Planning & Development for the issuance of a Building Permit pursuant to all applicable codes, ordinances and laws regulating and governing the erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion of any building or premises or part thereof in the Town of Salina.

Address of Property:		Zip Code:
Lot Number:	Tract:	
PROPERTY OWNER		
Name:	Phone #:	
Address (City/State/Zip):	E-mail:	
Tenant Company Name:	Fax #:	
Applicant Name:	Phone #:	
Address:	E-mail:	
Designer Name:	Phone #:	
Address:	E-mail:	
Name of Contractor	Phone #:	
Address (City/State/Zip):	E-mail:	
Insurance Company:	Policy#:	Expiration Date:
<i>(Contractor to attach a copy of Certificate of Insurance including liability, workers compensation and disability insurance or NYS exemption certificate.)</i>		
Nature of Work (check all applicable – work not identified will require separate application form.)		
<input type="checkbox"/> New building	<input type="checkbox"/> Move building	<input type="checkbox"/> Addition
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition/Remove	<input type="checkbox"/> Roofing
<input type="checkbox"/> Shed	<input type="checkbox"/> Fence	<input type="checkbox"/> Fire Protection System
<input type="checkbox"/> All others (Describe)	<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Swimming pool/Spa
	<input type="checkbox"/> Fire Repair	<input type="checkbox"/> Foundation
	<input type="checkbox"/> Fire Repair	<input type="checkbox"/> Mechanical work
	<input type="checkbox"/> Occupancy Change	<input type="checkbox"/> Garage
	<input type="checkbox"/> Tenant Alteration	
Describe proposed work, including use and size of all items checked above: _____		

The application must contain all information found on the handout sheet to be considered complete and to be processed.		
Parcel type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Other		
# Dwelling units:	Square feet:	
Electrical Application #:	Agency:	
Plumbing Permit #:	Plumber:	
Estimated VALUE of all work, materials and labor for the work under this application: \$		
Property Located in Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Located in Wet Lands: <input type="checkbox"/> Yes <input type="checkbox"/> No	Easements: <input type="checkbox"/> Yes <input type="checkbox"/> No

The below signed applicant has read the instructions for Application for Building Permit. The below signed applicant hereby affirms under the penalty of perjury that to the best of his/her knowledge and belief the information given and accompanying this Application for Building Permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations; that all statements contained in this application are true to the best of his/her knowledge and belief and that all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Owner Signature _____ Signature of Applicant: _____