



Town of Ulster Building Department

584 East Chester Street Bypass

Kingston, New York 12401

Office: (845) 340-3884 Fax: (845) 340-3886

APPLICATION FOR ALTERNATIVE HEATING APPLIANCE

Received on _____ Application Number _____
Building Permit Number _____ Issued on _____
Permit Fee \$ _____ Paid on: _____ Approved _____ Date _____

1. Property Location and Information

Number & Street Address: _____
Tax Map Number: _____

2. Owner Information

Applicants Name: _____
Relationship to Owner: _____
Owners Name: _____
Owner Address: _____
Owners Phone: _____ Applicants Phone: _____

3. Installer Information:

Name _____
Address: _____
Phone Number: _____

4. Manufacture Information:

Manufactuer: _____
Model # _____
Copy of Installation Manual should be submitted with application

5. Location of appliance: _____

6. Installation Date: _____

Application of herby made to the Building Department for the issuance of a Permit pursuant to the New York State Uniform fire Prevention and Building Code for the construction or installation of a solid fuel burning appliance. The applicant agrees to comply with all applicable laws, ordinances and regulations

I, (name) _____ the applicant, do herby certify that the above statements are true to the best of my knowledge and belief and all work will be completed as specified with the manufactures' installation instructions.

Signature of Applicant _____ date _____

Phone Number _____