

WOOD/PELLET/GAS STOVE PERMIT APPLICATION

OFFICE USE ONLY
PERMIT#: _____
ENTRY DATE: _____

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

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

3 FAMILY OR MORE WILL NEED FIRE MARSHAL APPROVAL: _____ *Date:* _____

ADDRESS OF PROJECT: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____ EST COST: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____

TYPE OF STOVE/LOCATION OF STOVE: _____

**A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES ___ NO ___
 IF "NO" PLEASE SUPPLY STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B.**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner of record to make this application as an authorized agent and we agree to conform to all the requirements of the laws and codes of the State of Connecticut.

APPLICANT NAME: _____ SIGN: _____ DATE: _____

XX

REQUIREMENTS FOR BUILDING PERMITS AND INSPECTIONS FOR SOLID FUEL BURNING APPLIANCES.

1. All solid fuel-burning appliances **MUST** be tested and listed by a nationally recognized testing laboratory. Installation must be in accordance with the requirements of said listing and manufacturer's instructions.
2. Inspection of appliances having such testing and listing will be for the **INSTALLATION ONLY** and the **DETAILED** manufacturer's installation instructions must be with the stove at the time of inspection.
3. This inspection is for the **PLACEMENT** of the appliance and for the **PIPING ONLY**. Existing masonry chimneys will not be inspected for quality by this department.
- 4. 2015 M1801.12 IRC Building Code states: A solid solid-fuel burning appliance or fireplace shall not connect to a chimney passageway venting another appliance.**
5. If unable to meet the items listed above for wood stoves (only) NFPA 211 must be followed.

ALL APPLIANCES MUST BE OFF AND COLD AT THE TIME OF INSPECTION

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FOR OFFICE USE ONLY BELOW THIS LINE

PERMIT FEE: \$ _____ STATE EDUCATION FEE: .26 per thousand: \$ _____ TOTAL FEE: \$ _____

**** NO REFUNDS ON PERMIT FEES. ****

<u>Department Signoff:</u>
Tax Collector: _____
Date: _____