



TOWN OF MOUNT HOPE
1706 Route 211 West
Otisville, NY 10963
(845) 386-9949

SOLID FUEL BURNING APPLIANCE PERMIT

Date: _____ Section: _____ Block: _____ Lot: _____

Name: _____ Phone #: _____

Address: _____

Answer the following questions that apply.

Fireplace : Masonry _____ or Factory Built _____

Wood Stove make and model: _____

Outdoor Wood Burning Stove: _____

Chimney size: Masonry: _____ Factory Built: _____

Room Appliance installed in: _____

All appliance's must be installed in accordance with manufacture's specifications and or N.Y.S. Uniform Fire Prevention and Building Code.

Literature on the appliance and chimney must be submitted with application showing type, clearance requirements and any other information that this office request.

A Carbon Monoxide detector must be installed on the floor level that appliance is located on **before** the final inspection is requested.

Affidavit of Final Cost of Construction must be submitted before final inspection is requested.

Office use only,

Permit #: _____ Date Issued: _____

CEO Signature: _____