

# TOWN OF ELLICOTT

Ellicott Administrative Building – 215 South Work Street – Falconer, NY 14733  
Phone 716-665-5317 – Fax 716-488-1160 – Email: [code@townofellicott.com](mailto:code@townofellicott.com)

## SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION

Property Street Address: \_\_\_\_\_

Tax Parcel Number (SBL): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant: (other than owner) \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Contractor: \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Proposed Work \_\_\_\_\_

### Appliance information

Stove Manufacturer \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Place of Purchase \_\_\_\_\_

Type of Fuel Used: Wood \_\_\_\_\_ Pellet \_\_\_\_\_ Coal \_\_\_\_\_ Other \_\_\_\_\_

Chimney/Venting material \_\_\_\_\_

## DECLARATION

---

Under penalty of perjury, I swear that to the best of my knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be completed on the described premises and that all provisions of the NYS Building Codes and the Town of Ellicott Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the property owner. I acknowledge that zoning code information relating to the applicant's zoning district has been reviewed.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

1. The permit placard MUST be displayed in a conspicuous location on the building site until a Certificate of Compliance is issued.
2. Final inspection when all required work is completed.
3. The work covered by this application shall not start prior to the issuance of the permit.
4. If you have any questions or to schedule an inspection you may call the code enforcement office at 665-5317 Extension 209

### LIST OF DOCUMENTS REQUIRED FOR APPLICATION REVIEW/APPROVAL:

1. A FULLY COMPLETED SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION
2. A drawing of ALL proposed work must be submitted. A complete copy of the solid fuel burning appliance manufacturers installation instructions also needs to be submitted.
3. Worker's Compensation Document – ALL PERMITS REQUIRE ONE OF THE FOLLOWING FIVE NYSWCB DOCUMENTS TO BE SUBMITTED PRIOR TO THE APPROVAL OF A BUILDING PERMIT. All NYSWCB forms are submitted under penalty of perjury, a felony carrying a penalty up to four years in prison.
  - a) **BP-1 Form** If ALL work is being done by homeowner – NO contractors working on the project (40 hour rule). Form can be printed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)
  - b) **CE-200 Form** Exemption for sole proprietor contractor that is not required to carry worker's comp. Not a waiver of worker's compensation (does not apply to sub-contractors) Form can be completed at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or call 866-546-9322
  - c) **C-105.2 Form** For contractor's covered by private NYS licensed insurance carriers.
  - d) **U-26.3 Form** For businesses insured by the NYS insurance fund.
  - e) **DB-120.1 Form** For businesses with Certificate of Disability Benefits (DB-155 self insurance)