



COUNTY OFFICE BUILDING ☒ 197 MAIN STREET ☒ COOPERSTOWN, NEW YORK 13326-1129
CODE ENFORCEMENT OFFICE TELEPHONE: (607) 547-4320 FAX: (607) 547-7597

HEATING PERMIT APPLICATION

1. Exact Location: _____ Tax # _____
2. City/Town/Village for proposed work: _____
3. Owners Name: _____
Mailing Address: _____
Home phone: _____ Work phone _____
4. Contractors Name: _____
Mailing Address: _____
Telephone number: _____
5. Describe proposed work: _____

6. Type of Heating Equipment: _____
BTU gross output: _____ Type of Fuel: _____ Total kw: _____

ALL GAS HOOKUPS MUST BE CERTIFIED BY THE INSTALLER.

7. Type of chimney: _____ Size of flue: _____ Number of flues: _____
8. Are you adding a fuel tank? _____ size? _____

Please give us exact driving directions. This permit will not be approved unless this section is completed: _____

****NOTE****

Please be sure to follow all National Fire Protection Association (NFPA) and all New York State Uniform fire Prevention and Building code regulations and specifications on the installation of all heating systems, chimneys, flues, and gas vents.

Also, please be sure to notify this office when this installation is complete, so that we may approve your work and issue a Certificate of Compliance.

Signature: _____ **Date:** _____