

HEATING EQUIPMENT & CHIMNEY PERMIT APPLICATION

This application is for supplemental heating such as pellet stoves, woodstoves, and gas fireplaces.

YOUR APPLICATION CANNOT BE ACCEPTED UNTIL IT IS COMPLETE.

NO WORK MAY PROCEED WITHOUT A VALID PERMIT & SITE NOTICE.

INSPECTIONS MUST BE REQUESTED PRIOR TO USE OF APPLIANCE.

BEFORE SUBMITTING YOUR APPLICATION, PLEASE MAKE SURE YOU COMPLY WITH THE FOLLOWING:

- Make check payable to the **Town of Kingsbury**. This is a non-refundable application fee.
- Complete all pages of the application in INK. **Make sure that you have signed it.**
- New installations of factory-built heating appliances shall be listed and labeled and shall be installed in accordance with the conditions of the listing. Factor-built heating appliances shall be tested in accordance with UL 127.
- Submit a copy of the installation instructions for the proposed heating appliance. Submit brochures or materials describing the clearances and manufacturers specifications when applying for the installation permit. This will avoid delays in the issuance of the permit.
- Proof of Worker's Compensation Insurance must be supplied before a permit can be issued. Submit either proof of Worker's Compensation Insurance or provide CE-200*.
- Proof of Worker's Disability Benefits coverage must be supplied before a permit can be issued. Submit either proof of Disability Benefits Coverage, provide affidavits, or provide CE-200*.
- All projects must comply with all local laws.
- Smoke and Carbon Monoxide Alarms must be installed throughout the structure as required by the New York State Code. With the installation of a new Carbon Monoxide source to a building or structure, the building or structure shall be evaluated as if such building or structure were constructed on or after January 1, 2008.

*CE-200 can be obtained by referring to the Workers Compensation website:

<https://www.wcb.ny.gov/icexempt/wavdisclaimer.jsp>

TOWN OF KINGSBURY
 Department of Code Enforcement
 6 Michigan Street
 Hudson Falls, NY 12839
 Phone: 518-747-2188 x. 3006 or 3008

HEATING EQUIPMENT & CHIMNEY PERMIT APPLICATION

PROPERTY INFORMATION			
Owner's Name _____		Cell # _____	
Property Address _____ _____		Home # _____	
		Email _____	
Tax Map Section _____ Block _____ Lot _____			
APPLICANT			
Name _____		APPLICANT IS:	
Mailing Address _____ _____		<input type="checkbox"/> Owner	
		<input type="checkbox"/> Lessee	
		<input type="checkbox"/> Agent	
		<input type="checkbox"/> Architect/Engineer	
		<input type="checkbox"/> Builder/Contractor	
Cell Phone # _____	Home # _____		
Email _____			
Name & Address of owner if different from Applicant			
Name & Address of Installer if different from Applicant			
Type of Building(s) to be demolished (Check all that apply):	Description		
OCCUPANCY (Check all that apply):			
<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Business		B
<input type="checkbox"/> One-Family Dwelling (R3)	<input type="checkbox"/> Mercantile	_____	M
<input type="checkbox"/> Two-Family Dwelling (R3)	<input type="checkbox"/> Factory	_____	F
Multiple Dwelling:	<input type="checkbox"/> Storage	_____	S
<input type="checkbox"/> Permanent Occupancy (R2)	<input type="checkbox"/> Assembly	_____	A
<input type="checkbox"/> Transient Occupancy (R1)	<input type="checkbox"/> Institutional	_____	I
<input type="checkbox"/> Adult Residential Care (R4)	<input type="checkbox"/> Misc	_____	U
*Not more than 16 occupants	<input type="checkbox"/> Other	_____	
Utilities (Check all that apply)			
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil/Kerosene	<input type="checkbox"/> Electric
		<input type="checkbox"/> Public Water	<input type="checkbox"/> Public Sewer
<input type="checkbox"/> Other _____	Have you notified all applicable service providers for disconnect? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have all utilities been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Building Information (Complete all that apply):

- Building construction Type: Concrete Steel Brick Stone Wood Other _____
- Building Exterior: Wood Stone Brick Metal Shingles Vinyl Concrete Composition
 Stucco Other _____
- Building Roof: Wood Stone Metal Shingles Rubber Other _____
- Building Heating & Cooling: Hot Air Hot Water Electric Oil Gas Radiant
 Solar Wood Geothermal Central Air Other _____

Proposed Equipment Information (Select all that apply):

- Type of Equipment: Room Heater Furnace Stove Fireplace Other _____
- Type of Fuel: Wood Pellet Wood Coal Pellet Coal Propane Gas
 Natural Gas Fuel Oil Kerosene Other _____

Manufacturer Information:

Name:

Model Number:

BTU Rating:

UL Listed: Yes No All new equipment installations MUST be UL Listed or equivalent

Primary Source of Heat? Yes No

- Equipment Location:** New Location Existing Location
 Basement Attic Garage Living Space Other _____

- Chimney Information:** New Existing
 Interior Exterior Other _____
 Masonry Factory Built Other _____

APPLICATION is hereby made to the Town of Kingsbury Department of Code Enforcement for the issuance of a building permit pursuant to the provisions of the Town of Kingsbury and the Building Codes of New York State. Applicant agrees to comply with all applicable provisions of local, county, and State laws and/or ordinances and swears that all statements contained in this application are true to the best of his/her knowledge and belief.

APPLICANT'S SIGNATURE

APPLICANT NAME (PRINT)

DATE

Please note the ACORD forms are **NOT** acceptable proof of New York State
Worker's Compensation or Disability Benefits Insurance Coverage

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

1. be legally exempt from obtaining workers' compensation insurance coverage; **or**
2. obtain such coverage from insurance carriers; **or**
3. be a Board-approved self-insured employer; **or**
4. participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

1. Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*; Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; **or**
2. Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); **or**
3. Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

1. be legally exempt from obtaining disability benefits insurance coverage; **or**
2. obtain such coverage from insurance carriers; **or**
3. be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

1. [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);
2. [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); **or**
3. [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at (518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner -occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

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