

**TOWN OF NEWFIELD**  
TOMPKINS COUNTY, NEW YORK 14867  
Building Code Enforcement

PERMIT FEE \$60.00

**APPLICATION FOR A BUILDING PERMIT**  
**SOLID FUEL**  
**( COAL, PELLETS OR WOOD )**

NAME OF APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_ E-MAIL \_\_\_\_\_

IS PROPERTY UNDER LAND CONTRACT ? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THIS PROJECT FOR SOME ONE OTHER THAN THE PRESENT OWNER ? Y \_\_\_\_\_ N \_\_\_\_\_

ADDRESS OF PROJECT \_\_\_\_\_ Tax Map No. \_\_\_\_\_

(If you have not been issued an address please request one from Charles Mosher at  
cwmosher@yahoo.com)

ESTIMATED COST OF PROJECT \_\_\_\_\_

PROPOSED PROJECT COAL \_\_\_\_\_ WOOD \_\_\_\_\_ PELLET \_\_\_\_\_

TYPE OF CHIMNEY MANUFACTURED \_\_\_\_\_ MASONRY \_\_\_\_\_

ESTIMATED DATE CONSTRUCTION IS TO BEGIN \_\_\_\_\_

(Construction may not begin until all required documents are reviewed and approved)

ESTIMATED COMPLETION DATE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

BRAND NAME OF APPLIANCE \_\_\_\_\_ MODEL \_\_\_\_\_

UL LISTING \_\_\_\_\_

BRAND OF MANUFACTURED CHIMNEY SYSTEM \_\_\_\_\_

UL LISTING \_\_\_\_\_

**CHECK LIST OF ITEMS TO BE INCLUDED  
PERMITS CANNOT BE APPROVED  
UNTIL ALL OF THE FOLLOWING INFORMATION IS INCLUDED**

MANUFACTURERS SPECIFICATION FOR APPLIANCE AND CHIMNEY SYSTEM \_\_\_\_\_

WORKERS COMPENSATION CERTIFICATE \_\_\_\_\_ OR EXEMPT FORM \_\_\_\_\_  
\*REQUIRED FOR ALL CONTRACTOR(S)\*

**WORK MAY BEGIN WHEN THE PERMIT IS APPROVED  
PERMITS ARE VOID AFTER SIX MONTHS IF THE WORK DESCRIBED HAS NOT BEEN STARTED**

**ALL PERMITS EXPIRE IN TWELVE MONTHS FROM DATE OF ISSUE  
BUT CAN BE RENEWED AT THE CURRENT RATE IF YOUR PROJECT IS NOT COMPLETED  
PAGE 2**

**I have read and understand the application for a Building Permit and I also understand that I must notify the Code Official to arrange for the required inspections. I am the owner or the owner's agent of the property described above and I grant permission to Town Officials to inspect at intervals necessary to insure compliance and issue the final certificate.**

**All information given herein is correct to the best of my knowledge**

Applicant or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Approval \_\_\_\_\_ if not applicant Date \_\_\_\_\_

**OFFICE USE**

DATE RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ DATE DENIED \_\_\_\_\_  
DENIED UNDER SECTION \_\_\_\_\_ OF NYS BUILDING CODE  
CODE OFFICIAL \_\_\_\_\_