

Town of Taylor

Solid Fuel Stove Installation Permit

Date: _____

Name of Property Owner: _____

Phone Number: _____ Cell: _____

Address of Installation: _____

Type of Stove

Wood Burning _____

Pellet Burning _____

Coal Burning _____

Other _____

New _____

Used _____

Brand of Stove: _____

U.L. Listing on or with the stove? Yes _____ No _____

Is air supply required from outside source? Yes _____ No _____

Are clearances met with U.L. or Fire Code? Yes _____ No _____

Is stove vented according to U.L. or Fire Code? Yes _____ No _____

If electrical work has been done, was it inspected? Yes _____ No _____

Applicants Signature: _____

Town Official Signature: _____

Any questions or concerns contact the Town office at (607) 863-3008
You may also contact Code Officer,

Fee Paid \$ _____
Cash \$ _____
Check Number _____