

**TOWN OF ESSEX – WOOD BURNING STOVE APPLICATION FOR PERMIT**

**APPLICANT COMPLETE THIS SECTION:**

Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Street \_\_\_\_\_

Assessors Map \_\_\_\_\_ Lot \_\_\_\_\_

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

Mailing Address if different than Street above:

\_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Type of Stove: Radiant: \_\_\_\_\_ Circulating: \_\_\_\_\_

Type of Fuel(s) approved: \_\_\_\_\_

\_\_\_\_\_

Test Laboratory's Name or Trademark and Location: \_\_\_\_\_

\_\_\_\_\_

Date Test: \_\_\_\_\_ Label Serial Number: \_\_\_\_\_

Clearance to combustibles: a. Side: \_\_\_\_\_ b. Rear: \_\_\_\_\_

Test Standard: \_\_\_\_\_

Chimney: New: \_\_\_\_\_ Existing: \_\_\_\_\_ Size of Flue Area: \_\_\_\_\_

Other Appliances Attached to Flue: \_\_\_\_\_

Metal Manufacturer Name & Type: \_\_\_\_\_

\_\_\_\_\_

Masonry: Lined: \_\_\_\_\_ Unlined: \_\_\_\_\_

Flue Liner: Type and Manufacturer: \_\_\_\_\_

\_\_\_\_\_

PERMIT NO: _____
FEE: _____
To be completed by Building Dept.

***On the back of this form please sketch the location of the stove in relation to combustible walls and give distances in inches. Give the size and type of hearth or floor under the stove.***