



Town of Woodbury
Office of the Building Official
Alternate Heating and/or Gas Permit

ADDRESS OF INSTALLATION _____

OWNERS NAME _____ Owner's Phone # _____

OWNERS ADDRESS _____

Name of Installer and Address _____

Phone # _____ License Type _____ License# _____

LP Gas _____ Natural Gas _____ Location of Heating Appliance _____

ALTERNATE HEATING APPLIANCES

CHIMNEY

- | | | | | | | |
|--|---------------------------------------|---|---|-----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Pellet stove | <input type="checkbox"/> Freestanding | <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> New | <input type="checkbox"/> Existing | <input type="checkbox"/> Lined | <input type="checkbox"/> Unlined |
| <input type="checkbox"/> Woodstove | <input type="checkbox"/> Freestanding | <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Masonry <input type="checkbox"/> Prefabricated | | | |
| <input type="checkbox"/> Propane Gas stove | <input type="checkbox"/> Freestanding | <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Stainless Steel | | | |
| <input type="checkbox"/> Natural Gas Stove | <input type="checkbox"/> Freestanding | <input type="checkbox"/> Fireplace Insert | <input type="checkbox"/> Other (explain) _____ | | | |
| <input type="checkbox"/> Propane Gas Log Set | <input type="checkbox"/> Vented | <input type="checkbox"/> Unvented | _____ | | | |
| <input type="checkbox"/> Natural Gas Log Set | <input type="checkbox"/> Vented | <input type="checkbox"/> Unvented | _____ | | | |
- Other Please Explain: _____

LP GAS TANK(S)

PIPING

Size _____ NEW _____ EXISTING _____ Above Ground (size & type) _____
 In ground _____ Above Ground _____ Below Ground (size & type) _____
 ASME _____ DOT _____

Is there a heating appliance(s) associated with this Gas Permit? _____ Yes _____ No _____ Existing _____ New
(ex: Cooktop, outdoor grill) explain: _____

_____ Gas Company Supplied Appliance _____ Homeowner Supplied Appliance

CERTIFICATION: I hereby certify that: (CHECK ONE)

_____ I am owner of record named property or
_____ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

PRINTED NAME OF Owner/Authorized Agent _____

Signature of Owner/Authorized Agent _____ Date _____

**Installation of Heating Appliance to be in accordance with the manufacturers specifications.
Manufacturer's specifications must be on site as a reference for the Building Official.**

VALUE OF WORK _____ FEE: _____
Building Official _____