



TOWN OF MONROE

Office Of The Chief Building Official 7 Fan Hill Road Monroe, Connecticut 06468
Phone : 203-452-2805 Fax : 203-261-6197 www.MONROECT.ORG

APPLICATION FOR ALTERNATE HEATING SYSTEM

The undersigned, hereby applies for a permit to do the work according to manufacture's installation instructions and state codes.

ADDRESS OF WORK: _____ PROPERTY OWNER OR AGENT
NAME PRINT: _____

PHONE: _____ CELL: _____ e-MAIL: _____ DATE _____

MANUF. MODEL NAME & NUMBER: _____

LISTED OR LABELED BY: _____

PREFABRICATED CHIMNEY MODEL: _____

IS STOVE connected to flue with other heat appliances (furnace, ect.) _____

IS STOVE INSTALLED IN FIREPLACE ? ___ SUPPLY A CERTIFIED CHIMNEY CLEANER CERTIFICATE

PRINT NAME OF INSTALLER _____ ADDRESS _____

PHONE: _____ CELL: _____ e-MAIL: _____ HIC # _____

Description (diagram of installation): Include placement of stove, furnace, etc. clearances to walls and what is on the floor for protection. Also describe stove pipe and connections with fire stops. Use another sheet if necessary.

Check # _____

Value of work _____ Fee _____ State cost _____ Total Amount _____ Receipt # _____

SIGNATURE OF OWNER

OR INSTALLER
