

**Town of Schodack  
Building Department  
265 Schuurman Road  
Castleton, NY 12033**

**CHIMNEYS, VENTS & FIREPLACES**

Permit # _____	Fee \$ _____
Owner _____	Cost of Project \$ _____
Address _____	
_____	Telephone # _____
General Contractor _____	Mason _____
Property Location _____	Phone # _____
_____	

All: The Type of Work to be Performed:	SECTION
<input type="checkbox"/> Masonry Fireplace	R1003
<input type="checkbox"/> Masonry Chimney	R1001
<input type="checkbox"/> Gas Fireplace	R1004
<input type="checkbox"/> Metal Chimney	R1002
<input type="checkbox"/> Solid Fuel Appliance	R1005
<input type="checkbox"/> Gas Stove	R1004
<input type="checkbox"/> Flue Relining	R1001.9
<input type="checkbox"/> Pellet Fuel Burning Appliance	R1004
<input type="checkbox"/> Factory Built Chimney	R1002
<input type="checkbox"/> Factory Built Fireplace	R1004
<input type="checkbox"/> Gas Fuel Supply	Chapter 24
<input type="checkbox"/> Chimney & Vents	G2424

**Information Needed to be submitted with this Application:**

- Plans & Specification with installation details
- Manufacturers Instructions
- UL Listings
- Insurance Certificate

**Inspections**

- A. Foundation and/or Base
  - B. Through First Floor
  - C. First flue set at top of smoke chamber
  - D. Through ceiling and second floor
  - E. Through roof on completion
  - F. Gas or woodstove during installation or upon completion
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I have read the above requirements and agree to build and install the items listed above according to the Building Code of New York State. I understand the inspection schedule and agree to contact the Building Department for all listed inspections. I do hereby agree to the above conditions.

Date: \_\_\_\_\_ Owner \_\_\_\_\_ Contractor/Mason \_\_\_\_\_

Building Inspector \_\_\_\_\_  
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