

**TOWN OF HURLEY**  
**APPLICATION FOR SOLID FUEL-BURNING DEVICE**

Name & Address of Property Owner:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

SBL #: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Name & Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

**WOODSTOVE**

**PELLET/GAS STOVE**

\_\_\_\_\_Freestanding

\_\_\_\_\_ Into Masonry Chimney

\_\_\_\_\_Insert

\_\_\_\_\_Into Flue Piping

\_\_\_\_\_Into Flue Piping

\_\_\_\_\_OWB (Outdoor Wood Boiler)

\_\_\_\_\_Masonry Fireplace/Chimney (**attach construction plans**)

**COST OF PROJECT: \$ \_\_\_\_\_**

- Must provide factory documentation of UL number for unit
- Must provide chimney/vent UL number and installation specifications
- Please include factory installation specification
- Must provide plot plan with OWB application
- Make check payable to *Town of Hurley*

**\*\*\*SMOKE DETECTORS MUST BE INSTALLED IN EACH SLEEPING ROOM, OUTSIDE EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS, AND ON EACH ADDITIONAL STORY--INCLUDING BASEMENTS, BUT NOT INCLUDING CRAWLSPACES AND UNINHABITABLE ATTICS\*\*\***

**\*\*\*CARBON MONOXIDE ALARMS MUST BE INSTALLED WITHIN 15' OF ANY SLEEPING AREA AND ON ANY STORY OF A DWELLING UNIT THAT CONTAINS A CARBON MONOXIDE SOURCE\*\*\***

**\*\*\*USE IS PROHIBITED UNTIL CERTIFICATE OF COMPLIANCE IS ISSUED\*\*\***