

# Fire Department

CITY OF GLOVERSVILLE  
5FRONTAGE ROAD  
GLOVERSVILLE, NEW YORK 12078  
518-725-3125

## HEATING PERMIT APPLICATION

PERMIT NO.

(G.F.D. use)

PERMIT FEE: \$

DATE PAID:

RECEIVED BY:

LOCATION:

TAX ID#

Owner's Name:

Phone:

Owner's Address:

Agent: (if required)

Phone:

Agent's Address:

Type of Heating Unit:

Natural gas (\$20)

Oil (\$20)

LPG (\$20)

Pellet stove (\$40)

Wood stove (\$40)

Floor Installation:

Basement

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

Attic

Other

Name of Contractor

Phone:

Address of Contractor:

**NOTICE: A copy of the manufacturers installation specifications are required to be submitted with this application.**

The undersigned hereby request the Gloversville Fire Department to inspect said premises for the purpose of issuing a permit prescribed by law.

Applicant's Signature:

Date:

Activity Sheet (G.F.D. Use)