



ENGINEERING DEPARTMENT

DIVISION OF BUILDING
AND ZONING ENFORCEMENT
CITY HALL
61 CHURCH STREET
AMSTERDAM, N.Y. 12010

Office

Secretary 518- 841-4319

Facsimile 518- 841-4310

DATE _____

PERMIT # _____

HEATING AND AIR CONDITIONING PERMIT

ALL PERTINENT INFORMATION MUST BE FILLED IN AND/OR ATTACHED, OR APPLICATION WILL BE RETURNED
PLEASE PRINT CLEARLY

ADDRESS OF PROPOSED WORK _____
Street Number, Street Address, and/or Section/Block/Lot #

NAME OF OWNER(S) _____

LEGAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

CONTRACTOR _____ DBA _____

LEGAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL PHONE _____

FOR WORK IN PRE-1978 HOME, SCHOOL, OR DAY CARE ATTACH A COPY OF YOUR EPA LEAD-SAFE CERTIFICATE

IS WORK PROPOSED IN RESPONSE TO A NOTICE OF VIOLATION? _____ YES _____ NO IF YES, CASE # _____

IS WORK PROPOSED IN RESPONSE TO A STOP WORK ORDER? _____ YES _____ NO IF YES, CASE # _____

PERMIT IS FOR: _____ HOT AIR FURNACE _____ HOT WATER BOILER _____ STEAM BOILER
_____ VENTED ROOM HEATER _____ UNVENTED ROOM HEATER _____ GAS & GAS STOVE
_____ HOT WATER TANK _____ PTAC UNIT _____ RADIANT FLOOR HEAT
_____ FIREPLACE INSERT _____ LINING AN EXISTING MASONRY CHIMNEY
_____ WOOD STOVE _____ PELLET STOVE _____ MASONRY FIREPLACE
_____ ELECTRIC BASEBOARDS _____ AIR CONDITIONING
_____ ABANDONMENT OR REMOVAL OF HEATING OIL TANK AND PIPING
_____ OTHER(Please Explain) _____

IF INSTALLATION IS FOR A PRIMARY HEAT SOURCE ATTACH A COPY OF YOUR HEAT/LOAD CALCULATION

B.T.U.'S OF NEW APPLIANCE(S): _____

TYPE OF FUEL: _____ NATURAL GAS _____ LP GAS _____ OIL _____ ELECTRIC _____ SOLID

WILL NEW APPLIANCE BE REPLACING THE EXACT SAME APPLIANCE IN THE SAME LOCATION _____ YES _____ NO

WILL NEW APPLIANCE REQUIRE NEW OR ADDITIONAL ELECTRICAL CIRCUIT(S) _____ YES _____ NO

WILL DUCTWORK ALSO BE INSTALLED _____ YES _____ NO

WILL HEAT DISTRIBUTION PIPING ALSO BE INSTALLED _____ YES _____ NO

BUILDING OCCUPANCY: _____ 1 OR 2 FAMILY _____ MULTIPLE DWELLING _____ COMMERCIAL
 APPLIANCE TO BE LOCATED IN: _____ CELLAR _____ ATTIC _____ CRAWL SPACE _____ ON ROOF
 _____ FIRST FLOOR _____ SECOND FLOOR _____ THIRD FLOOR
 _____ IN DWELLING UNIT _____ FRONT _____ REAR _____ LEFT _____ RIGHT _____ IN _____ ROOM
 _____ OTHER(Please Explain) _____

NEW APPLIANCE TO BE VENTED VIA: _____ EXISTING MASONRY CHIMNEY _____ LINED _____ UNLINED
 _____ METAL CHIMNEY _____ FACTORY-BUILT CHIMNEY
 _____ POWER VENT _____ DIRECT VENT _____ PVC

ARE OTHER EXISTING APPLIANCES ALSO VENTED INTO THE SAME CHIMNEY _____ YES _____ NO

ARE OTHER EXISTING APPLIANCES ALSO VENTED INTO THE SAME EXHAUST FLUE _____ YES _____ NO

CONTRACTORS PLEASE ATTACH THE FOLLOWING FORMS TO COMPLY WITH PROVISIONS FOR WORKERS COMPENSATION AND DISABILITY INSURANCE
 (Please note that ACORD forms are NOT acceptable proof of NYS Worker's Comp. or Disability benefits coverage)

- *Workmen's Compensation documentation per Section 57 of the Workers' Compensation Law. (Form C-105.2 for insured, SI-12 for self-insured, or CE-200 with no employees)*
- *Disability Benefits documentation per Section 220(8) of the Workers' Compensation Law. (Form DB-120.1 for insured, DB-155 for self insured, or CE-200 with no employees)*

The undersigned states that all of the information provided with this application is true, agrees to make the installation in compliance with the N.Y.S. Uniform Fire Prevention and Building Code, Energy Code, and as required by Amsterdam Codes 90-20(A,B,C) and 60A which requires me to call at least 48 hours in advance to schedule all required rough-in and final inspections until all work meets minimum Code requirements.

PRINT NAME _____ SIGNATURE _____ DATE _____

OFFICE USE ONLY

INSTALLATION WILL REQUIRE THE EXISTING MASONRY CHIMNEY TO BE LINED _____ YES _____ NO

BUILD. PERMIT CONTRACTOR _____ PERMIT # _____ COMPLETED _____

PLUMBING CONTRACTOR _____ PERMIT # _____ COMPLETED _____

ELECTRICAL CONTRACTOR _____ PERMIT # _____ COMPLETED _____

NUMBER OF UNITS TO BE INSTALLED _____ PERMIT FEE \$ _____

STOP WORK ORDER FEE \$ _____

TOTAL \$ _____

ISSUED BY INSPECTOR _____ DATE _____

INSTALLATION APPROVED BY _____ DATE _____