

ALTERNATE HEATING SYSTEMS

TOWN OF EASTON

DATE _____

PERMIT # _____

Name (print) _____ Signature _____

Address _____ Telephone # _____

Manufacturer's Name _____

Make or Model _____ No. of flues _____ Is furnace connected to flue? _____

Name & Address of Installer _____

Room Location _____ Insurance Co. _____

Description (diagram) of installation: Include placement of stove /fireplace, wall and floor protection, stove pipe and chimney connections. Use another sheet if necessary.

I hereby agree to conform to all requirements of the National & State Fire Code of Connecticut, and to notify the Fire Marshal of any alterations in the plans of the heating system.

Owner's signature _____

Cost of work _____ Permit Fee _____ Approved by : _____