



Town of Easton

Building Department

225 Center Road
Easton, Connecticut 06612
(203)268-6291

ALTERNATE HEATING SYSTEMS

Date: _____

Permit #: _____

Name (print) _____ Signature _____

Address _____ Ph. # _____

Manufacturer's Name _____

Make or Model _____ No. of Flues _____

Is furnace connected to flue? _____ Room Location _____

Insurance Company _____ Policy # _____

Description (diagram) of installations: 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 Signature _____ Date _____

Cost of Work _____ Permit Fee _____ Approved by: _____