



TOWN OF MADISON BUILDING DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443 TEL: 203-245-5618

APPLICATION FOR STOVE, FIREPLACE, OR CHIMNEY PERMIT

Application For: ___ Stove ___ Fireplace ___ Chimney

Date: _____

Job Location: _____

Contractor's Name: _____

Contractor's Address: _____

Registration No.# * _____ Phone #: _____

Owner's Name: _____ Phone: _____

Owner's Address: (If Other Than Job Location) _____

Make of Stove: _____ Type: Wood _____ Coal _____ Gas _____

Fireplace: _____

Metal Chimney: Make _____ Listing Lab: _____

Interior Piping to be 24 gauge

Existing Flue Size: _____

****A copy of your Registration and Workmen's Compensation Insurance Certificate if applicable, must be presented at time of application.***

Estimated Cost of Work: \$ _____ Permit Fee: \$ _____ Permit #: _____

Approved By: _____ Date: _____
Building Official