

Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609



Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Generator and Solid Fuel Burning Device Permit Application

Address: _____ **Zone:** _____

S.B.L # _____ **Lot No** _____

Install A Fuel Burning Device:

Described as a: Fireplace An Insert Generator

Additional Notes: Air-tight Free Standing KW Manufacture

Type of Fuel _____

Value of Work: \$ _____

Contractor: _____

Address: _____

_____ **City** _____ **State**

Phone: _____ **Email:** _____

Fuel Burning
Town Clerk Stamp

Property Owner: _____
Print and Sign

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park.

Address: _____ **Phone:** _____

_____ **City** _____ **State** _____ **Zip**

Letter of Authorization Submitted

Official Use Only:

Items supplied:

Survey Plans/ Manufacture Information Disability _____ Workers Compensation _____

Electrical Application Pre Site Inspection Insurance Wavier _____

Building Inspector: _____ **Issued:** _____

Permit #: _____ **Permit Fee** _____ + **Additional Fee** _____ = _____