



CITY OF DERBY

1 Elizabeth Street, Derby, CT 06418 - (203) 736-1481

APPLICATION MUST BE SIGNED IN INK

APPLICANT MUST CONTACT BUILDING DEPARTMENT/INSPECTOR ON DAY OF INSTALLATION

APPLICATION TO INSTALL CHIMNEY LINER

PERMIT MUST BE OBTAINED BEFORE STARTING WORK

Location of Job _____

Owner Name _____ Telephone # _____

Owner Address _____

Type of System _____ Type of Fuel _____

Equipment Manufacturers Chimney Recommendation _____ "X" _____ " _____ "H

Building's Chimney _____ "X" _____ " _____ "H

Vent Connector Size _____ B.T.U. Input (Gas) _____

Type of Lining System to be Installed: Type B Vent _____ 300-400 Series S/S _____
Aluminum _____ Other _____

Manufacturer _____

System Listed By: UL _____ BOCA _____ ICBO _____ Other _____

Size of New Liner Internal Area of Flue: Square Inches _____ Height _____

Clean Out and Inspection Access: _____ Yes _____ No

Other _____ ESTIMATED VALUE OF JOB \$ _____

Licensed Contractor Name _____ License # _____

Email Address _____

Address _____

Signature _____ Telephone # _____

Fees: Permit Fee \$ _____ State Fee \$ _____ Receipt # _____

◇ Cash ◇ Check ◇ Credit Card

Permit # _____ Permit Date _____