

Town of Hampton

Application for Solid Fuel Burning Equipment

BUILDING ADDRESS _____ UNIT # _____ Map/Lot Number _____ - _____ Zone _____

BUILDING OWNER _____ Phone _____

STREET _____ City _____ State _____ Zip _____

CONTRACTOR _____ Phone _____

STREET _____ City _____ State _____ Zip _____

TYPE OF FIXTURE/APPLIANCE:

Wood Stove Pellet Stove Coal Stove

DESCRIPTION OF PROPOSED PROJECT: _____

NOTE :

All Solid Fuel Burning fixtures and appliances require a "Final Inspection" and Approval by this Department. Additional inspection by the Hampton Fire Department may be required.

All equipment operation and installation instructions/manuals are to be available for review upon inspection.

*****REGULATIONS FOR OUTDOOR WOOD-FIRED HYDRONIC HEATERS (OWBs) ATTACHED.*****

WHERE THE PERMIT SHOULD BE MAILED? ___ Owner ___ Contractor

Processing Fee \$35 plus \$5 per thousand (or any part of a thousand) of value of construction to be submitted with application.

Value of Construction:

I hereby certify, under penalty of perjury, that all statements given hereon are truthful and accurate, and that the cost of construction, alteration or remodeling (**including labor and materials**) is: \$ _____

I agree to comply with the Town of Hampton's Building and Zoning Ordinance and all work will be constructed in accordance with the New Hampshire State Building Code, and related Codes as adopted, and in accordance with the plans submitted.

I, The Applicant, do also hereby certify that the above project shall not in any way violate any deed restrictions, right of way, or easements applicable to the property and that I, the Applicant, for myself and my heirs, successors and assigns, do hereby agree to indemnify and hold the Town of Hampton harmless in the event any such restrictions, rights of way, or easements are violated by this project.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PLEASE PRINT NAME: _____

Note: To schedule inspections, a minimum of 24 hour notice prior to requested date and time is required.

FOR DEPARTMENTAL USE ONLY

FEE \$ _____ Cash _____ Check # _____

APPLICATION APPROVED (Building Official) _____ DATE ____/____/____